

USAMRMC OCONUS TRAVEL AND FORCE PROTECTION OFFICE

USAMRMC DCSOPS OCONUS TRAVEL OFFICE

THE OCONUS **TRAVEL** PROCESS



USAMRMC OCONUS TRAVEL PROCESS

OCONUS
official travel
requests for
military and
civilians
arrive via DTS.

OCONUS
official travel
requests for
contractors
and leave
requests for
civilians and
contractors
with security
clearances
arrive via
email.

Requests are processed to ensure all required documentation, all special theater/country requirements, and all required training is provided, complete, and valid.

An email is sent notifying the unit's travel coordinator of any missing documentation, training, and/or special theater/country requirements.

Travel clearance approvals are requested once all documentation has been provided, all special theater/country requirements have been met, and all training has been completed and valid, through the Aircraft and Personnel **Automated Clearance System** (APACS), and/or **Electronic Country** Clearance (ECC).

NOTE: As many as four clearances may be required.
Lead-time requirements for most countries are 30 days.





USAMRMC OCONUS TRAVEL PROCESS

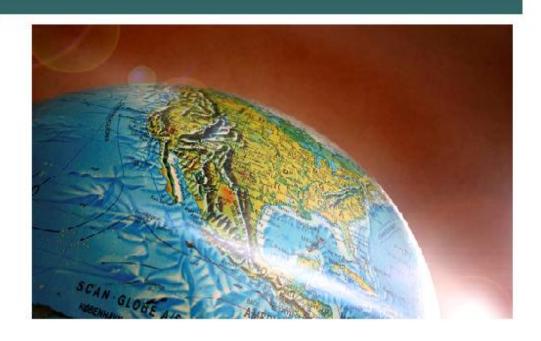
If approved travel clearances are not received within 10 days of the traveler's departure date, DCSOPS contacts COUNTRY, THEATER, SECDEF, and or ECC, to ensure clearances are obtained.

Once official travel clearance approvals have been received for military and civilians, approvals are uploaded into substantiating records in DTS and travel is released.

Once official travel clearance approvals have been received for contractors and/or leave clearance approvals for civilians or contractors are received, approvals will be forwarded to the unit's travel coordinator via email.



FORCE PROTECTION
ALL TRAVELERS ARE ACTIVELY
MONITORED FROM THE TIME THEY
DEPART THEIR DUTY STATION UNTIL
THEY SAFELY RETURN TO THEIR
DUTY STATION.



DEPARTMENT OF DEFENSE ELECTRONIC FOREIGN CLEARANCE GUIDE

CHAPTER 1 OVERVIEW

C1.1. PURPOSE

C1.1.1. This Manual implements Reference (a)1 to provide efficient and effective implementation management of the DoD Foreign Clearance Program (FCP). C1.1.2. This Manual establishes standards for requesting and approving DoD foreign clearance requests for aircraft diplomatic clearances and personnel travel clearances. The DoD Foreign Clearance Manual (FCM) also provides information concerning coordinating Foreign Operating Rights requests for approval.

C1.2.2. When Foreign Permissions Are Required. <u>U.S. military aircraft, cargo, equipment, and DoD personnel and DoD-sponsored civilians entering a foreign nation to conduct U.S.</u>
Government business shall have the approval of that nation's government.

Chapter 1

C1.24. Personnel Travel Clearances. The DoD FCM applies to personnel travel clearance requirements for U.S. military personnel and DoD civilian personnel and non-DoD personnel traveling under DoD sponsorship (except for members and employees of Congress).

C1.2.4.1. Contractor personnel traveling under DoD sponsorship in support of a DoD contract are considered DoD-sponsored personnel for DoD FCM purposes. The DoD Component sponsoring DoD contractor travel shall ensure that all necessary clearances (country, theater, and special area clearances, as required) are received before commencing travel. DoD-sponsored contractors shall obtain the proper identification credentials (e.g., passport and visa) to enter and exit each country.

C1.3. ACCESS AND DISTRIBUTION

C1.3.1. Web Access to the DoD FCM. DoD FCM users shall make their primary source for the document the version maintained in an up-to-date electronic version, known as the electronic Foreign Clearance Manual (eFCM). The eFCM is accessible on the Unclassified but Sensitive Internet Protocol Router Network (NIPRNET) and the SECRET Internet Protocol Router Network (SIPRNET).10

C1.3.1.1. The material that appears in the eFCM is official and authoritative.

The DOD Foreign Clearance Guide (FCG).

- ACCESS THE FCG WEB SITE BY GOING TO: https://www.fcg.pentagon.mil/fcg.cfm
- 2. FURTHER ACCESS THE SITE BY CLICKING I ACCEPT/ENTER SITE
- 3. TO LOCATE YOUR COUNTRY, CLICK ON THE THEATER DESIRED (ON FAR LEFT SIDE OF TITLE PAGE) AS LISTED BELOW AND SELECT YOUR COUNTRY OF INTEREST.



4. SECTION I A & B – START BY:

SECTION I: GENERAL ENTRY REQUIREMENTS

A. IDENTIFICATION CREDENTIALS REQUIRED FOR OFFICIAL TRAVEL.

B. LEAVE REQUIREMENTS

a. GO TO SECTION 1A TO CHECK PASSPORT AND VISA REQUIREMENTS FOR ALL OCONUS TRAVELERS.

- ❖ IMPORTANT: Failure of the traveler to meet training requirements and /or the unit to certify all required training can significantly delay obtaining approved clearances.
- 8. ALL REQUESTS MUST BE SUBMITTED TO DCSOPS NLT 45 DAYS PRIOR TO THE DATE OF TRAVEL. IN WHAT SHOULD BE RARE CASES, IF LEAD-TIMES ARE NOT BEING MET, INSURE THAT YOU HAVE A STRONG JUSTIFICATION AS TO WHY THE REQUEST DOES NOT MEET LEAD-TIMES.

SECTION III: PERSONNEL ENTRANCE REQUIREMENTS FOR OFFICIAL TRAVEL

B. LEAD-TIME FOR PROCESSING PERSONNEL CLEARANCE REQUESTS

9. SECTION III D – THIS SECTION STIPULATES ADDITIONAL INFORMATIONAL REQUIREMENTS FOR MESSAGING THAT ARE NOT THE NORM. LOOK THIS SECTION OVER VERY CAREFULLY.

D. CONTENT OF PERSONNEL CLEARANCE REQUEST

- Theater-specific information for inclusion in paragraph 8 of the Travel Clearance Request.
- 3. Country-specific information for inclusion in paragraph 9 of the Travel Clearance Request

USAMRMC DCSOPS OCONUS TRAVEL OFFICE



TRAINING AND DOCUMENTATION SCHEMATIC

TRAINING AND DOCUMENTATION REQUIREMENTS FOR MILITARY, CIVILIANS AND CONTRACTORS.



MILITARY - TDY

Mandatory Training Requirements

- 1. AT Level 1 (Valid 1 year)
- 2. SERE 100.1 Level A (Valid 3 years)
- 3. Human Rights (SOUTHCOM Only)
- 4. US Forces Korea (Korea Only)
- 5. High Threat HT401 (Nigeria Only)

Mandatory Documentation

- 1. USAMRMC Form 55-46
- 2. Flight Itinerary
- 3. DD Form 1610 routed through DTS
- 4. Force Protection Plan (FPP) dated within 3 months of travel.
- 5. Area of Responsibility (AOR) dated within 3 months of travel.
- 6. ISOPREP/PRO-File
- 7. NATO Orders when traveling to a NATO country.
- 8. Memo for Gifts of Travel Required for all non-federal funding sources.
- 9. For all travel to PACOM, completion of PACOM's Travel Tracker/Individual Antiterrorism Plan (TT/IATP).
- 10. For all travel to AFRICOM, completion of AFRICOM's Statement of Preparedness (STOP) Document.



DoD CIVILIANS - TDY

Mandatory Training Requirements

- 1. AT Level 1 (valid 1 year)
- 2. SERE 100.1 Level A (Valid 3 years)
- 3. Human Rights (SOUTHCOM Only)
- 4. US Forces Korea (Korea Only)
- 5. High Threat -HT401 (Nigeria Only)

Mandatory Documentation

- 1. USAMRMC Form 55-46
- 2. Flight Itinerary
- 3. DD Form 1610 routed through DTS
- 4. Force Protection Plan (FPP) dated within 3 months of travel.
- 5. Area of Responsibility (AOR) dated within 3 months of travel.
- 6. ISOPREP/PRO-File
- 7. Memo for Gifts of Travel Required for all non-federal funding sources.
- 8. For all travel to PACOM, completion of PACOM's Travel Tracker/Individual Antiterrorism Plan (TT/IATP).
- 9. For all travel to AFRICOM, completion of AFRICOM's Statement of Preparedness (STOP) document.



CONTRACTORS - TDY

Mandatory Training Requirements

- 1. AT Level 1 (Valid 1 year)
- 2. SERE 100.1 Level A (Valid 3 years)
- 3. Human Rights (SOUTHCOM Only)
- 4. US Forces Korea (Korea Only)
- 5. High Threat—HT401 (Nigeria Only)

Mandatory Documentation

- 1. USAMRMC Form 55-46
- 2. Flight Itinerary
- 3. Letter of Identification (LOI) or Authorization (LOA) generated through SPOT.
- 4. Force Protection Plan (FPP) dated within 3 months of travel.
- 5. Area of Responsibility (AOR) dated within 3 months of travel.
- 6. ISOPREP/PRO-File
- 7. Work Permit Fax Back Form (Germany Travel Only)
- 8. For all travel to PACOM, verification that PACOM's Travel Tracker/Individual Antiterrorism Plan (TT/IATP) has been completed/submitted.
- For all travel to AFRICOM, completion of AFRICOM's Statement of Preparedness (STOP) document.

NOTE: Requests for official travel & supporting documentation will be submitted via email to usarmy.detrick.medcom-usamrmc.other.dcsops-office@mail.mil.



MILITARY—LEAVE

Mandatory Training Requirements
AT Level 1 (Valid 1 year)
SERE 100.1 Level A (Valid 3 years)

Mandatory Documentation

- 1. USAMRMC Form 55-46
- 2. Flight Itinerary
- 3. Force Protection Plan (FPP) dated within 3 months of travel.
- 4. Area of Responsibility (AOR) dated within 3 months of travel.
- 5. ISOPREP/PRO-File
- 6. Approved DA Form 31 or other service component leave form.
- 7. For all travel to PACOM, completion of PACOM's Travel Tracker/Individual Antiterrorism Plan (TT/IATP).
- 8. For all travel to AFRICOM, completion of AFRICOM's Statement of Preparedness (STOP) Document.

NOTE: All leave requests and supporting documentation will be submitted via email to usarmy.detrick.medcom-usamrmc.other.dcsops-office@mail.mil. EXCEPTION: If leave is in conjunction with TDY, the leave request should be incorporated with the TDY request.



DoD CIVILIANS - LEAVE

REQUIRED FOR ALL Dod CIVILIANS WHO HOLD A SECRET OR HIGHER SECURITY CLEARANCE. ALSO REQUIRED FOR Dod CIVILIANS WITHOUT A SECURITY CLEARANCE IF THE COUNTRY REQUIRES TRAVEL CLEARANCE APPROVALS (SEE FCG).

Mandatory Training Requirements

AT Level 1 (Valid 1 year)

Not Mandatory, But Strongly Encouraged

SERE 100.1 Civilian Version (Valid 3 years)

Documentation

- 1. USAMRMC Form 55-46
- 2. Flight Itinerary
- 3. Area of Responsibility (AOR) Briefing and Post Travel Debriefing is <u>Mandatory</u> for Travelers with a Secret or Higher Security Clearance.
- 4. Force Protection Plan (FPP) dated within 3 months of travel. (Not Mandatory, but Strongly Encouraged)
- 5. ISOPREP/PRO-File (Not Mandatory, but Strongly Encouraged)
- 6. Approved Leave Form
- 7. PACOM's Travel Tracker/Individual Antiterrorism Plan (TT/IATP). Strongly Encouraged.
- 8. AFRICOM's Statement of Preparedness (STOP) document. Strongly Encouraged.

NOTE: All leave requests and supporting documentation will be submitted via email to usarmy.detrick.medcom-usammc.other.dcsops-office@mail.mil. EXCEPTION: If leave is in conjunction with TDY, the leave request should be incorporated with the TDY request.



CONTRACTORS - LEAVE

REQUIRED FOR ALL CONTRACTORS WHO HOLD A SECRET OR HIGHER SECURITY CLEARANCE.

Training

Not Mandatory, But Strongly Encouraged

AT Level 1 (Valid 1 year) SERE 100.1 Civilian Version (Valid 3 years)

Mandatory Documentation

- 1. USAMRMC Form 55-46
- ☐ Flight Itinerary
- Area of Responsibility (AOR) Briefing and Post Travel Debriefing is <u>Mandatory</u> for Travelers with a Secret
 or Higher Security Clearance.
- 4. Force Protection Plan (FPP) dated within 3 months of travel. (Not Mandatory, but Strongly Encouraged)
- 5. ISOPREP/PRO-File (Not Mandatory, but Strongly Encouraged)
- 6. Approved Leave Form (If Available Through the Company)
- 7. PACOM's Travel Tracker/Individual Antiterrorism Plan (TT/IATP). Strongly Encouraged.
- 8. AFRICOM'S Theater Information Management System (TIMS). Strongly Encouraged.

NOTE: All leave requests and supporting documentation will be submitted via email to usarmy.detrick.medcom-usamrmc.other.dcsops-office@mail.mil. EXCEPTION: If leave is in conjunction with TDY, the leave request should be incorporated with the TDY request.

USAMRMC FORM 55-46

Travel Clearance Request (TCR)
Required for all DoD Sponsored
Personnel (TDY & LEAVE)
Traveling Overseas

FORM IS LOCATED AT WEB-AEFSS.
TCR MUST BE SUBMITTED 45 DAYS
PRIOR TO THE DATE OF TRAVEL.

USAMRMC FORM 55-46 KEY POINTS

- USAMRMC FORM 55-46 CAN BE LOCATED AT WEB-AEFSS.
- SUBMIT TO DCSOPS <u>45 DAYS PRIOR</u> TO COMMENCEMENT OF TRAVEL.
- ☐ HANDWRITTEN FORMS WILL NOT BE ACCEPTED—TYPED ONLY.
- DO NOT USE ACROYNMS.
- THERE ARE MANDATORY SECTIONS THAT WILL NOT ALLOW YOU TO PROCEED UNLESS COMPLETED.
- □ BE <u>DETAIL</u> ORIENTED!
- □ PROVIDE <u>COMPLETE</u> ADDRESSES.
-) INSURE ALL TRAINING REQUIREMENTS ARE MET BY ALL TRAVELERS.
- REVIEW THE FOREIGN CLEARANCE GUIDE FOR TRAVEL REQUIREMENTS.
- □) <u>ACCURATE COMPLETION</u> WILL HELP INSURE TIMELY RECEIPT OF CLEARANCES.

| REQUEST FOR OCONUS TRAVEL | | | | | | | | | | | | |
|--|---|---------|--------------------|----------------------------|-----------------------|---------------------|----------------|-------------|--------|----------------------|-------------|----------|
| **Dibi Directive is | The proponent for this form is the Deputy Chief of Staff for Operations | | | | | | | | | | | |
| "Prescribing Directive is | **Prescribing Directive is AR 55-46 and DOD 4500, 54-M** **MRMC OCONUS Travel Link** Link | | | | | | | | | | | |
| U.O.A. Title 4F.Oberster 04F | | | | - | PRIVACY ACT STATEMENT | | | | | | | |
| AUTHORITY PRINCIPAL PURPOSE: | | Requ | est for OCONUS Tra | vel Clearance OF TRAVELERS | | | | | | | | |
| ROUTINE USES: Used by USAMP | | | OV E | OF | R NUMBER OF | · 1N | - uvel | | | | | |
| DISCLOSURE: | | CURE | TO CLICK B | UX I | _ | auon could res | ult in | the individ | ual no | t being | able | |
| ROUTINE USES: Used by USAMO: USED TO CLICK BOX FOR NUMBER OF TRAVELERS USED SCLOSURE: BE SURE TO CLICK BOX FOR NUMBER OF TRAVELERS 20141014 | | | | | | | | | | | | |
| 1. PARTICULARS OF | VISITOR # | 1 | and the second | | | | | | | | | |
| NAME (Last, first, MI) | | | RANK/GRADE | | | J | JOB TITLE | | | | | |
| Doe, John W. | | | | 06 or | GS | S15 or Contractor | Direc | ctor, Retro | virol | ogy | | |
| SSN: | | DATE O | F BIRTH | | Ī | PLACE OF E | BIRTH | 1 | CITIZE | ENSHIP | (IF OTHER T | HAN U.S) |
| 000-00-0000 | Janua | ry | 8 Year | 1954 | Ţ | Waynesboro, PA | | | | | | |
| FOREIGN VISIT | OR# | SECU | IRITY CLEARAN | CE | | PLACE OBTA | INED |) 1 | DATE | E CLEARANCE OBTAINED | | |
| | | | SECRET | | Fo | rt Detrick, MD | | Fe | brua | ry | 29 | 2014 |
| PASSPORT NUME | BER | 18 | SSUE DATE | | | EXPIRAT | ΙΟΝ Ι | DATE | | PL | ACE OF IS | SUE |
| 800000000 | | March | 29 2 | 2013 | | March | 28 | 2018 | _ W | /ashing | gton, DC | |
| UNIT ASS | | | UNIT'S COMF | LETE | M | AILING ADDRESS | 3 | | UNI | г рно | NE NUMBE | R |
| Walter Reed Army Ir Research | istitute of | • | 10 Silver Street, | Silver Springs, MD 21677 | | | (301) 319-2019 | | | | | |
| a. THEATER-SPECI | a. THEATER-SPECIFIC REQUIREMENTS HQ, USAMRMC, PERSONNEL MUST SUBMIT A COPY OF CURRENT CERTIFICATE | | | | | | | | | | | |
| b. AT LEVEL 1 COMPLETION DATE (Valid for one year and must be valid through the entire period of travel | | | | | | | | | | | | |
| c. PRO-FILE SURVEY COMPLETION DATE | | | | | | | | | | | | |
| d. SERE COMPLE travel) | d. SERE COMPLETION DATE (Valid for two years and must be valid through the entire period of travel) | | | | | | | | | | | |
| | e. SOUTHCOM Human Rights Completion Date (Valid for one year and must be valid through the entire period of travel) | | | | | | | | | | | |
| f. USFK (Korea Or period of travel) | nly) Com | pletion | Date (valid for | one ye | ar | and must be val | id thr | rough the | e enti | ire | | |
| g. AFRICOM Travel Health Checklist Completion Date (Traveler and unit will maintain for one year)20141001 | | | | 1 | | | | | | | | |
| h. Area of Responsibility (AOR) Completion Date (Must be completed within 90 days of travel) 20141001 | | | | |)1 | | | | | | | |
| i. PACOM's TT/IATP Completion Date | | | | | | | | | | | | |
| j. PACOM's TT/IATP Submission Number | | | | | | | | | | | | |
| k. Traveler has read, understands, and will comply with SOUTHCOM'S General Order #1 | | | | | | | | | | | | |
| I. Traveler has read, understands, and will comply with AFRICOM'S General Order #1 | | | | | | | | | | | | |
| m. Traveler has read, understands, and will comply with Kenya's Criminal Awareness Briefing. 20141008 | | | | | | | | | | | | |
| n. BUDDY RULE INFORMATION/TRAVELER WILL ADHERE TO THE TWO-MAN RULE WHILE IN TRAVEL STATUS | | | | | | | | | | | | |
| NAME (LAST, FIRS | ST, MI) | | | сом | PL | ETE ADDRESS | | | T | PHONE NUMBER: | | |
| Doe, Sarah H. | | | | 1111 | 1 S | Smith Street, Washi | ngton | DC 2178 | 38 | | (301) 555-5 | 555 |
| | | | | <u> </u> | | NTION 10 CDCC: === | | | | | | |

| | ABV AND | LOCATIO | | RE TO | CLICK | BOX FOR NUM | BER | OF LOC | CATIONS - |
|---|-------------|---|-------------------|--|-----------------------------------|--------------------------------|-------------------|---------------------|--|
| a. FIRST LOCATION (p | | | TDY 🗸 | L | EAVE | | | | Management of the second of th |
| UNIT/AGENCY/FACILITY TO BE VISITED US Army Medical Research Unit - Kenya (USAMRU-K) | | | LOCATION (C | LOCATION (COMPLETE ADDRESS, CITY, COUNTRY) 2222 Kenya Rd., Nairobi, Kenya 2222 bbbbb.cccc@mail.mil | | | | | |
| IN-COUNTRY POC (NAME, RANK, TITLE) | | POC ORGANIZATION POC EMAIL ADDRESS | | EMAIL ADDRESS | Phon | Phone: THIS MUST BE COMMERCIAL | | | |
| Bill Doe, Maj, Chief of Staff USA | | AMRU-K bill.f.doo | | oe.mil@mail.mil FAX | | THIS MUST BE COMMERCIAL | | | |
| ARRIVAL IN COUNTRY DEPARTURE FRO 20141017 20141024 | | ROM COUNTRY WILL CLASSIFIE SHARED? | | | | CUSSED, PRESENTED, AND/OR | | | |
| PURPOSE OF VISIT PLEASE DO NOT USE ACROYNMS. THE PURPOSE OF VISIT SHOULD BE 2-4 DETAILED SENTENCES. | | | | | | | | | |
| LOGISTICAL SUPPORT R | EQUIRED F | ROM U.S. | EMBASSY | YES | ✓ NO | IF YES, SP | ECIFY | IN REMA | RKS SECTION |
| NAME OF HOTEL | | COMPLETE AD | DRESS | | PHONE NUMBER | PHONE NUMBER | | EMAIL ADDRESS | |
| Hotel Wonderful | | 555 Wond | der St., Nairobi, | er St., Nairobi, Kenya 011-77777777 | | | wo | wonderful@hotel.com | |
| b. SECOND LOCATION (ple | ease select | one) | TDY 🗌 LE/ | AVE (MIL | .ITARY) | ✓ | | | |
| UNIT/AGENCY/FACILITY NA | TO BE VIS | SITED | NA | | | UNIT'S EMAIL ADDRESS NA | | | |
| IN-COUNTRY POC (NAME, | RANK, TIT | LE) | POC ORGANIZATION | | POC EMAIL ADDRESS | | PHONE | NA | |
| NA | | NA | NA | | | NA | | FAX | NA |
| ARRIVAL IN COUNTRY 20141025 DEPARTURE FROM C 20141031 | | OUNTRY WILL CLASSIFIED INFORMATION BE DISCUSSE | | | SED, P | RESENTE |), AND/OR SHARED? | | |
| PURPOSE OF VISIT Personal Leave | | | | | | | | | |
| LOGISTICAL SUPPORT REQUIRED FROM U.S. EMBASSY | | | | | | | | | |
| | | COMPLETE ADDRESS PHONE NUMBE onder St., Nairobi, Kenya 011-77777777 | | - 1 | EMAIL ADDRESS wonderful@hotel.com | | | | |
| REMARKS | | | | | | | | | |
| NOTE: IF INFORMATION THE FORM CAN BE UPD | | OT FIT INT | TO ANY OF TH | E BOXE | S, PUT I | NFORMATION IN T | HE R | EMARKS | SECTION UNTIL |

| 3. FORCE PROTECTION | N PLAN (MUSI BE ATTA | (CHED) YE | ES | | |
|--|--|--------------------|---|--------------------------------------|--|
| NAME OF | APPROVING OFFICIAL | | RANK/GRADE | DATE SIGNED | |
| John Doe | | | COL/06 | 2 Oct 2014 | |
| 4. MODE OF TRANSPO | RTATION WHILE IN COL | JNTRY P | UBLIC/TAXI/BUS | | |
| 5. STATEMENT OF FUN | IDING SOURCE | | | | |
| Self Explanatory | | | | | |
| OPERATIONAL RISK AS Enclosed). | SSESSMENT (Required | for Israel and all | other FPCON C/D Countries. M | lission Essential Statement Must be | |
| 6. AN OPERATIONAL I | RISK ASSESSMENT (OR | A) HAS BEEN CO | OMPLETED. THE MISSION OUT | WEIGHTS THE RISK. 💟 | |
| 7. OPSEC BRIEFING C | OMPLETION DATE (Red | quired if speakin | g and/or presenting). | | |
| 8. MISSION ESSENTIAL STATEMENT: REQUIRED FOR RESTRICTED AREA TRAVEL AND/OR FPCON CHARLIE/DELTA. STATE THAT THE MISSION IS ESSENTIAL, WHY THE MISSION IS ESSENTIAL AND WHAT THE ADVERSE IMPACT WILL BE ON THE UNIT IF NOT APPROVED. | | | | | |
| 9. IMPLICATIONS IF TR | 9. IMPLICATIONS IF TRAVEL IS NOT APPROVED. | | | | |
| | | | R AND THE CONSEQUENCES | S TO THE ORGANIZATION IF NOT | |
| | | | RED 45-DAY LEAD TIME | | |
| | | | TED TO DCSOPS LESS THAN VEL CLEARANCES APPROV. | THE REQUIRED LEAD-TIME. THIS IS ALS. | |
| 11. REQUEST | NAME | | Phone Number | EMAIL ADDRESS | |
| PREPARED BY: | THIS IS THE TRAVE | L COORDINATO | | travel.coordinator.civ@mail.mil | |
| 12. GENERAL REMARK | | REIGN CLEARAN | CE GUIDE FOR OTHER COUNTS | RY/THEATER SPECIFICS) | |
| NAME / RANK | • | | | | |
| THIS IS THE APPROV | ER AND CAN BE | | Click to sign | | |
| ELECTRONICALLY A | APPROVED. | Click | above to sign | Date | |



NATO TRAVEL ORDERS

AR 600-8-105 Chapter 4

Excerpt from AR 600-8-105 • 28 October 1994 45

4-9. North Atlantic Treaty Organization travel orders

North Atlantic Treaty Organization (NATO) travel orders permit individuals and units to pass from one NATO country to another without complying with the regulations of the receiving nation pertaining to passports, visas, and immigration inspections.

- a. NATO travel orders are required for U.S. MILPER directed to travel to or through Belgium, Canada, Denmark, France, Germany, Greece, Iceland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Turkey, or the United Kingdom. NATO travel orders will not be issued to civilian personnel.
- b. When U.S. MILPER are directed to travel to or through countries requiring a NATO travel order, the organization that issues the TDY or PCS order will also issue the traveler a NATO travel order. The traveler will be given one copy of the NATO travel order.
- c. NATO travel orders will be printed in English and French. Additional languages may be added if required under national agreements.

Any instructions printed on the back of the order are to be in English only. The order is to be printed in black on white paper. The paper should be as close as possible to 8 1/2-by-11 inches.

- d. When frequent travel from one NATO country to another is required, the traveler may be issued a NATO travel order to cover a period not to exceed 1 year from the date of issue.
- e. When a traveler is required to transport classified documents, include paragraph 4 on the NATO travel order only after the activity or installation security director approves the action.



DEPARTMENT OF THE ARMY HEADQUARTERS, U.S. ARMY MEDICAL RESEARCH AND MATERIEL COMMAND 810 SCHREIDER STREET FORT DETRICK, MD 21702-5000

MCMR-OP

10 June 2013

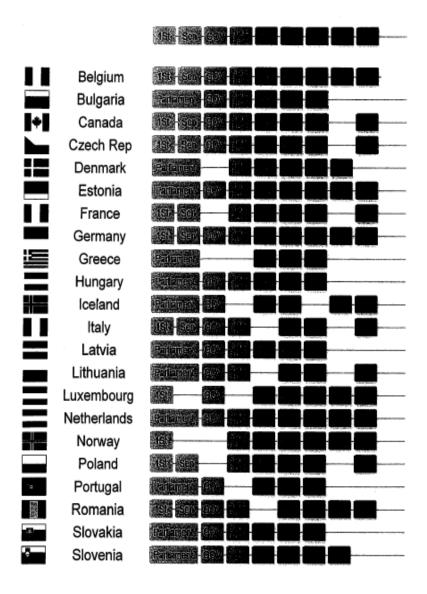
NATO TRAVEL ORDER/ORDRE DE MISSION OTAN

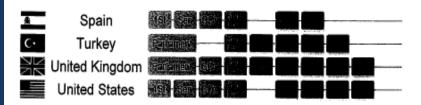
| | ountry of Origin: United States of America sys de provenance: | Order Numb Numero de s | |
|-----------|---|---------------------------|---|
| 1. ci- | The bearer (and group as shown here dessus ou sur la liste jointe) | on or on attached lis | t) Le porteur (et personnel port |
| | Social Security No./No Mle Grad | le of Rank/Grade | Name/Nom |
| | XXX-XX- | | |
| 2. De | Will travel from to eparture Expected date of retur | , Mouv n Date p | rement de avia Air. Date of robable de retour |
| 3. Fo | I hereby certify that this individual is a crees Agreement, and that this is an author | | |
| | Je soussigne certidie que le personne ccord OTAN sur le staut des Forces armie mes de cet Accord. | | |
| 4. | This travel order is to be produced to | civil and military auth | orities upon request. |
| C | et ordre de mission derva etre presente su | ur demande de autho | orites civiles et militaries. |
| F | OR THE COMMANDER: | | |
| 0 | eputy Chief of Staff for Operations ficer authorizing movement | Date | une 2013 of issue de l'autorisation |



NATO Member Countries

NATO is an Alliance that consists of 26 independent member countries. Country by country, this page offers an overview of the links to national information servers and to the website of national delegations to NATO.





Legend

Parliament, 1st Chamber

Senate, 2nd Chamber

Government

Head of State / President

Prime Minister

Ministry of Foreign Affairs

Ministry/Department of Defence

Military / Chief of Staff

National Mission or Delegation to NATO

Information Centre

Note: the State flag hides the link to the nation's homepage (if on-line).

+

REQUEST FOR ACCEPTANCE OF TRAVEL EXPENSES FROM NON-FEDERAL SOURCES

Non-Federal funding being provided to military or civilian employees, must be sent to the Judge Advocate General for approval.

Request for Acceptance of Travel Expenses From Non-Federal Source

| 1. | Name/Grade: |
|----|---|
| 2. | Position/Title: |
| 3. | Purpose of Meeting: |
| 4. | Sample Name of Other Expected Participants: |
| | · |
| 5. | Non-Federal Source(s) (NFS): |
| | a. Contact, grant, or legal agreement with NFS: |
| | b. Is NFS doing business with your organization: yes / no |
| | c. Is NFS seeking to do business with your organization: yes / no |
| | d. Does NFS conduct activities that your organization regulates: yes / no |
| | e. Does NFS have interest that may be substantially affected by your organization yes / no |
| | f. If yes to subparagraphs a-e above, please provide summarized explanation. Please explains a nature and sensitivity of any matter pending at the agency which may affect the interest of NFS: |
| | |
| | |
| | |
| 6. | Purpose/Justification for Travel: |
| | |
| | |

- a. Attending conferences or similar functions: yes / no
- b. Is the meeting or event required to carry out the agency's statutory or regulatory function, such as inspections or oversights visits? If so reimbursement is not authorized under 41 CFR 304-1.2: yes / no
 - c. Attending sales presentation: yes/no

- 7. **NFS Offer to Provide Travel Expenses:** The Secretary of the Army requires that the offer to pay travel expenses must be unsolicited and completely voluntary. Accordingly, please provide proof of invitation.
- 8. Status of Traveler: Are you a participant / speaker. If you are a speaker, then supervisor certification (hereafter attached) must be included.
- 9. Estimate Cost: Monetary value and character of the travel benefit offered by the NFS. Please note, acceptance of recreational or personal expenses are NOT authorized. Only the following types of travel expenses are authorized. Also, to simplify travel voucher process, you are encouraged to accept "in-kind" travel expenses (that is, prepaid tickets and hotels) rather than cash reimbursements. If reimbursements are in the form of a check, it will be made out to "Department of the Army" and deposited with the servicing finance office to the appropriation applicable to such expenses. The agency official may find that, while acceptance from the NFS is permissible, it is in there interest of the agency to qualify acceptance of the offered payment. For example, authorizing attendance at only a portion of the event or limiting the type or character of benefit that may be accepted (41 CFR 304-5.3).

| a. Meals: \$ | in kind / reimbursement |
|---|-------------------------|
| b. Lodging: \$ | in kind / reimbursement |
| c. Transportation: \$ | in kind / reimbursement |
| 10. Will Travel Orders Authorize Accompanying | Spouse Travel: yes / no |
| 11. Method of Travel: | |
| Coach | |
| Business | |
| First Class | |
| | |
| Toronto O'control | D. (|
| Traveler Signature: | _ Date: |
| Authorizing Official Signature: | |

DA FORM 2543

BRIEFING/REBRIEFING/DEBRIEFING CERTIFICATE

Required for all personnel participating in a classified NATO meeting.

Must be certified by local security officer.



Request for Visit

Required for all travelers traveling to the United Kingdom who will transport or discuss classified information or visit a classified facility during their trip.

Submit a separate Request for Visit (RFV) Form and the Security Verification Memo thru your Unit Security Office to USDAO London at least 24 working days prior to the intended visit. The request cannot be submitted without an APACS #, which you can obtain from the OCONUS Travel Office once a request for travel has been received and the request for travel clearances has been submitted.

Provide an information copy to DCSOPS.

Your Unit Letterhead

MEMORANDUM FOR RECORD

DD/MM/YY

FROM: Your Unit's Security Office

SUBJECT: Security Clearance Verification Letter

| I certify that (Visitor's name) has a curre for a Periodic Reinvestigation (PR) and m | ent security clearance OR has been submitted neets visit requirements: |
|---|--|
| Investigation Type: | |
| Date Investigation Closed: | |
| Clearance Eligibility Level:etc.) | (SECRET, TOP SECRET/SCI |
| 2. Questions concerning this letter should be | addressed to the undersigned, at ###-###- |

MUST BE SIGNED BY SECURITY OFFICER

Your Security Officer's Full Signature Block

REQUEST FOR VISIT

| |
|-----------|
| One Time |
| Recurring |
| Extended |
| Emergenc |
| Amendme |

The RFV form (see fv-formdoc) should be e-mailed to DAOVisits@state.gov. The UK MoD does not accept faxed copies of the RFV. Be sure that the RFV request form is sent as a Word document. (For instructions on how to fill out the RFV form, see fv-how-to-doc.) The POC for Security Clearance requests is the U.S. Army Admin Assistant at commercial 44-207-894-0869 or 44-207-894-0322.

| 1. ADMINIST RATIVE DATA | 1. ADMINIST RATIVE DATA | | | | |
|---|---|---|--|--|--|
| REQUESTOR: | Leave this section blank, | DATE: / / | | | |
| TO: | IVCO completes this section. | VISIT ID: | | | |
| | | | | | |
| 2. REQUESTING GOVERNM | IENT AGENCY OR INDUSTRAIL FACILITY | | | | |
| NAME: | | | | | |
| POSTAL ADDRESS: | 2. Provide the full name, postal address | | | | |
| T GO TAE ABBITEGO. | Company requesting the visit. Your office/company's information. | | | | |
| | | | | | |
| | | | | | |
| TELEX/FAX NO: | | TEL NO: | | | |
| 2 CONTENNENT ACTUOY | OR INDUSTRIAL FACILITY TO BE VISITED | | | | |
| | | | | | |
| NAME: | 3. Provide the full name, postd address | | | | |
| ADDRESS: | telephone and fax No. of the site to be | | | | |
| | No. of the main point of contact should site is to be visited continuation sheet 1 | | | | |
| | SITE IS TO DE VISITED CONTINUATION SHEET I | t should be used. | | | |
| TELEX/FAX NO: | | | | | |
| POINT OF CONTACT | | TEL NO: | | | |
| T SINT OF SOMETHING | | 122.10. | | | |
| 4 Notes should be also a | s fully as possible & written in the dd/mm/yy | or from the Constraint below | | | |
| | | | | | |
| 4. DATES OF VISIT: 26/06/2 | 2005 TO 25/07/2005 (26/June/2005 TO 25/Jul | ly/2005) | | | |
| | | | | | |
| 5. TYPES OF VISIT (SELECT ONE FROM EACH COLUMN 5. Select one from each column as appropriate. | | | | | |
| | | | | | |
| [GOVERNMENT INITI | ATIVE [] INITIATED BY REC | DUESTING AGENCY OR FACILITY | | | |
| | | 20E3TING AGENCT ON FACILITY | | | |
| [□] COMMERCIAL INITIATI\ | Æ [□] BY INVITATION OF | THE FACILITY TO BE VISITED | | | |
| | | | | | |
| 6. SUBJECT TO BE DISCUS | | | | | |
| 6. SUBJECT TO BE DISCUS | SED/JUSTIFICATION | THE FACILITY TO BE VISITED | | | |
| 6. SUBJECT TO BE DISCUS | SED/JUSTIFICATION rief but accurate description of the subj | THE FACILITY TO BE VISITED | | | |
| 6. SUBJECT TO BE DISCUS 6. Please give a b clear in content w | SED/JUSTIFICATION rief but accurate description of the subjill result in the rejection of the request. | THE FACILITY TO BE VISITED ect to be discussed. Failure to be It is not enough just to state | | | |
| 6. SUBJECT TO BE DISCUS 6. Please give a b clear in content w attending meeting. | SED/JUSTIFICATION rief but accurate description of the subj | ect to be discussed. Failure to be It is not enough just to state 1. The use of acronyms should be | | | |
| 6. SUBJECT TO BE DISCUS 6. Please give a b clear in content w attending meeting. | SED/JUSTIFICATION rief but accurate description of the subjill result in the rejection of the request. , the title of the meeting should be given | ect to be discussed. Failure to be It is not enough just to state 1. The use of acronyms should be | | | |
| 6. SUBJECT TO BE DISCUS 6. Please give a biclear in content wattending meeting, avoided if possible | SED/JUSTIFICATION rief but accurate description of the subjill result in the rejection of the request. , the title of the meeting should be given | ect to be discussed. Failure to be It is not enough just to state 1. The use of acronyms should be ous request this should be stated. | | | |
| 6. SUBJECT TO BE DISCUS 6. Please give a biclear in content wattending meeting, avoided if possible | SED/JUSTIFICATION rief but accurate description of the subjill result in the rejection of the request, the title of the meeting should be given. If the request is a renewal of a previous classified information to be involved. | ect to be discussed. Failure to be It is not enough just to state 1. The use of acronyms should be ous request this should be stated. | | | |

REQUEST FOR VISIT (CONTINUED)

| 8. IS THE VISIT PERTINENT TO: | SPECIFY: | | | | |
|--|---|--|--|--|--|
| A SPECIFIC EQUIPMENT OR WEAPON SYSTEM | [<u></u> | | | | |
| FOREIGN MILITARY SALES OR EXPORT LICENSE | [| | | | |
| A PROGRAMME OR AGREEMENT | 8. Please check one box as necessary. | | | | |
| A DEFENCE ACQUISITION PROCESS | [<u></u>] | | | | |
| OTHER | | | | | |
| 9. PARTICULAR OF VISITORS | | | | | |
| NAME: Surname, Forenam | e (in ful) then other initials | | | | |
| DATE OF BIRTH: / / dd/mm/y | YYY PLACE OF BIRTH: dd/mm/yyyy 2 letter code | | | | |
| SECURITY CLEARANCE: State level | ID/PP/ NUMBER: Full NATIONALITY: | | | | |
| POSITION: Position in Company | Number v e.g. Director, Project Manager, Engineer | | | | |
| | any employing the Individual | | | | |
| | | | | | |
| NAME: | | | | | |
| DATE OF BIRTH: / / | PLACE OF BIRTH: | | | | |
| SECURITY CLEARANCE: | ID/PP/ NUMBER: NATIONALITY: | | | | |
| POSITION: | | | | | |
| COMPANY/AGENCY | | | | | |
| | | | | | |
| , | TING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY | | | | |
| | FFICER MUST FILL OUT TEL NO: | | | | |
| SIGNATURE: When you are emailing form please type in //ORIGINAL SIGNED// | | | | | |
| 11. CERTIFICATION OF SECURITY CLEARANCE | | | | | |
| | LED OUT COMPLETELY | | | | |
| ADDRESS: STAMP NOT | STAINE | | | | |
| When you are emailing form | When you are emailing form please type in //ORIGINAL SIGNE | | | | |
| SECURITY OFFICER AGAIN | | | | | |
| USE FLECTS | ONS SAME AS ABOVE | | | | |
| SIGNATURE: POSSIBLE | | | | | |
| 12. REQUESTING NATIONAL SECURITY OFFI | CE | | | | |
| NAME: | | | | | |
| ADDRESS: | STAMP | | | | |
| Lea | ve blank | | | | |
| TEL NO: | | | | | |
| | | | | | |
| SIGNATURE: | | | | | |
| SIGNATURE: | | | | | |
| 13. REMARK S 13. If submitting an Amend | ment to add a visitor, please specify the date he first visit if known | | | | |

CHINA

All DoD personnel, including contractors, planning to travel to China for official business require approval from the Assistant Secretary of Defense (ASD), Asian and Pacific Security Affairs.

Submit request to the service command representatives listed below not later than 45 days before the proposed travel dates.

Army and Army-sponsored travelers must contact LTC Kiss at HQDA G-35-R:

- (a) Phone: (703) 614-8721.
- (b) E-mail: eric.t.kiss.mil@mail.mil

REQUESTING ORGANIZATIONS LETTERHEAD

MEMORANDUM FOR: Assistant Secretary of Defense for Asian & Pacific Security Affairs

THROUGH: Principal Director for Asian & Pacific Security Affairs

FROM: Requesting Organization (Combatant Command, Service, OSD

Directorate, or other Defense Agency)

SUBJECT: Request to Attend What, Where and When, OR Request Approval to Invite PRC to What, Where and When

- Executive Summary of Request. (The Executive Summary is a <u>brief</u> paragraph that includes items a thru e. Supporting details should be attached as a tab or tabs.)
 - a. (Requesting Organization) requests (participant) to attend (event). OR (Requesting Organization) requests to invite (PRC representative) to (event, when and where)
- b. Purpose of requesting interaction with PRC and benefit to be gained by DoD.
 - c. (Requesting Organization) assesses that interaction with the PRC will or will not enhance PRC defense capabilities.
 - d. Discussions and Presentations (both formal and informal):
 - -- What subjects will be discussed?
 - -- Include agenda and presentation(s) as separate tabs
 - -- How will topics of discussion/presentation benefit DoD?
 - -- How will topics of discussion/presentation benefit PRC defense capabilities?
 - -- For General/Flag Officer/SES travel: include agenda, themes, and talking points as separate tabs.
 - e. (Requesting Organization) assesses PRC attendance will not violate Section 1201,

FY2000 National Defense Authorization Act (NDAA), PL 106-65.

- 2. Host
- 3. DoD Personnel
- 4 PRC Personnel.
- 5. Required/Supporting Information:
 - a. (Organization's Foreign Disclosure Office) approved the (paper or presentation) for foreign disclosure on (date) or will approve the (paper or presentation) prior to the event.

- c. Technical activities require coordination with the responsible OSD-level policy office/agency (see coordination block). Strongly recommend Requesting Organization conduct and note this coordination as it will prevent delays in the approval process.
- d. (Requesting Organization) will submit an after-action report, using the milto-mil worksheet to confirm the event occurred as proposed in the defense contact proposal and note any exceptions, to OSD/APSA.
 - e. Reciprocity (for military exchanges):
 - Requesting Organization Hosting an Event: (Requesting Organization) is reciprocating for a previous visit (include brief description and date).
 - -- Requesting Organization Attending an Event: (Requesting Organization) has reciprocated, will reciprocate, or is prepared to reciprocate.
- 6. [Requesting Organization: Planner level/O-6 or above (provide name)] recommends approval of this request.
- 7. (Requesting Organization) point of contact name, phone and email.

COORDINATION: *(refer to para. 5.c. above)*Appropriate OSD Functional Offices or Defense Agencies (i.e. OSD/AT&L, Health Affairs, Personnel & Readiness, DTRA, etc.) (include office, POC, date)

NOTE: The DoD Defense Contact Request is separate from DoD Foreign Clearance Guide requirements regarding Country, Theater, and Special Area Clearances. Consult the DoD Foreign Clearance Guide at www.fcg.pentagon.mil for details.



LOI or LOA

Letter of Indentification or Letter of Authorization

One or the other is required for all contractors.

The LOI and LOA is used to determine the travel authorization and funding in lieu of the DD Form 1610.

The LOI is normally acceptable, but if TDY is over 30 days or if required specifically by FAR or the KO, the LOA will be completed.

Travel to Korea

Requires that USFK Form 700-19A-R-E be completed and submitted in addition to the LOI/LOA. See instructions following the example USFK Form 700-19A-R-E in this presentation.

LOA's are generated through the
Synchronized Predeployment
and
Operational Tracker (SPOT)
By the
Contracting Officer (KO) and Contracting
Officer's Representative (COR)
SUBMIT WITH the USAMRMC FORM 55-46.

MCMR-

SUBJECT: Contractor Letter of Identification for Traveler's name/s

Mr. John Doe Contracting Company Address

Dear Mr. Doe:

(Contracting Company) which has a contract with (MRMC Unit) under Government contract DAMD17-XX-XXXX, Task Order #3 and #4. During the period of the contract (Date), the following individuals (List names of personnel) are eligible to use available travel discount rates while performing official business in accordance with government contracts. These individuals need to proceed from (Point of Origin), in sufficient time to arrive in (OCONUS Origin), on or about (Date), Insert traveler's names and SSN. The purpose of this travel is to (spell out exact purpose). Duration of this travel is approximately 50 days. Upon completion of the mission, the travelers will return on (Date) to the point of origin.

Logistics support and privileges in host country are as follows:

- a. The United States citizen contractor employees who are authorized entry to the overseas command will be authorized the following Logistics Support Services that are applicable, free or at cost and consistent with Theater Regulations at the various sites:
 - (1) AAFES Facilities
 - (2) Armed Forces Recreation Center
 - (3) Class VI
 - (4) Credit Union Facilities
 - (5) Customs Exemption
 - (6) Legal Assistance (Space A)
 - (7) Medical/Dental Services (Space A Reimbursable Basis)
 - (8) Military/Commercial Banking Facilities
 - (9) Military Postal Service
 - (10) Mortuary Service (IAW AR 632-40)
 - (11) Officer or NCO/EM Clubs (IAW AR 638-40)
 - (12) Purchase of POL (petroleum and oil products) for Rental Vehicle
 - (13) Rationed Item Ration Card

- (14) NATO Status of Forces Agreement Stamp
- (15) Transient Billets (Space A)
- (16) Local Military Transportation
- (17) ID Card (GS-12 Equivalent)
- (18) Other (U.S. Government Dining Facilities)
- (19) Commissary Privileges Authorized
- (20) Use of all U.S. Government Facilities Authorized
- b. Contractor employee requests for Logistics Support and Privileges, while in the Host Country, will be processed through an Overseas Contract Administration Office or Government Liaison Officer, which will assist with procedures required for obtaining individual support.

The planned mode of travel to the area of operations is U.S. Government military air. Travel by rail, commercial aircraft, bus, and privately owned automobile is authorized to and from points of departure and if Government military air is not available.

If practicable, traveler will be provided a Government transportation request to exchange for carrier tickets. If a transportation request is not used and travel is performed by common carrier at personal expense, reimbursement for the cost of transportation will be limited to:

- a. The least costly regularly scheduled air service between the points involved, or the lowest cost class of accommodation available at the time reservations were made; or
- b. The cost of the rail fare and a lower berth, or the lowest first-class rail accommodation available at the time reservations were made; or
 - c. Actual cost of commercial bus fare.
 - d. Rental vehicle is authorized.

If travel is privately owned automobile, reimbursement will be authorized at the rate of \$.48.5 per mile, plus the cost of necessary parking fees and bridge, ferry, and other highway tolls incurred while in travel status under this travel order.

The total reimbursement will be limited to the cost of travel by the usual mode of common carrier, including per diem. Receipts and ticket stubs will be required to substantiate claims for cost of lodging, transportation, and subsistence for items in excess of \$XX.

The per diem allowance for travel overseas is based on rates established by the Department of State or the Department of Defense Joint Travel Regulation. Accordingly, traveler will be authorized a maximum amount of \$XXX for lodging and \$XX for meals and incidental expenses each day in (Country).

The travel authorized herein has been determined to be in the public interest and is chargeable to:

Contract # DAMD17-

Funds in the following amount are authorized:

| a. | Per Diem | \$ |
|----|----------|-----------|
| b. | Airfare | \$ |
| c. | Other | <u>\$</u> |
| | Total | \$ |

Any inquiries regarding this travel order may be directed to POC at Phone XXX-XXXXXX.

Sincerely,

COR NAME Contract Officer's Representative, USAMRMC Unit Address Phone

SPOT Produced Letter of Authorization

| | | | | | | Name ureemed ut, Martus H. Son XXXIII-XII-XX |
|---|--|--------------------------------|--|-----------------|--|---|
| LETTE | ER OF AUTHORIZAT | ION | DATE OF REQUEST | | LOA REMARKS | 416 OF 1340 30000 Fig. 6 000 F 6 0000 F 9 000 |
| LL.III | EN OF AUTHORIZATI | ion | 3/14/2010 | | | |
| REQUIRING ACTIVITY | GOVT AGENCY POC | GOVT AGENCY POC PHONE | GOVT AGENCY POC EMAIL | | | d contractors providing goods or services in direct support of DoD activities for contract- U.S. citizen employees and sponsored family members may be authorized personal |
| Communications and Electronics Command | Rice, James | 2025651212 | јели лифи итулі | | CV C | Il be limited to the country in which the contractor is performing and providing there is no |
| NAME (Last, First, Middle Initial) Greenfield Jr., Marcus R. | SSNFIN | DATE OF BIRTH 1/1/1970 | | | The second secon | n. The extent of the postal support will be set forth in the contract. The provisions for |
| HOME ADDRESS | mr-m-2280 | | | | | contracts shall be reviewed and approved by the applicable Combatant Commander (or |
| 5322 Brambleton Orive | | CITIZENSHIP United States | PASSPORT # / EXPIRATION PASSOCCO / 12/31/2013 | | | ntative) and the Military Department concerned prior to execution of the contract. |
| Norfolk Virginia 23533 | | DEPLOYMENT PERIOD START | DEPLOYMENT PERIOD END | | | , |
| 2000 | | 4/1/2010 | 6/30/2010 | | | |
| EMAIL marcus greenfeld@us.army.ml | | THEATER EMAIL ngc@email.com | | | h | |
| | LEARANCE DATE MACCONTY | JOB TITLE | SUPERVISORINON-SUPERVISOR | | | |
| None | | Concrete/Mason | Non-SupervisorNon-Manager | | | |
| | OMPANY POC | COMPANY POC TEL | COMMENT CHOM | ICHED CEDI | ICEC. | |
| Northrop Grumman Corp. J CONTRACT NUMBER/ TASK ORDER IC | ones, Nora | 2025551212 GOV | ERNMENT FURN | ISHEU SERV | ICES | |
| | MIZO10 | 12312010 | PO/FPO/MPO/Postal Se | . Author | rized Meaner | |
| | OK RELATIONSHIP | ASSIGNED KO | PO/FPO/MPO/Postal Se | rvices V Autili | onzed weapor | |
| 100000000000000000000000000000000000000 | walable in SPOT | TERRIES PUCH | illeting | ✓ CAA | | |
| IN-THEATER CONTACT Pace, Ricky | | CONTACT S PRONE | 100 TO 100 | | | |
| COUNTRIES TO BE VISITED | | 100 PO | AC/ID Card | ☐ Com | missary | |
| Afghanistan | ` \ | BØDD | ependents Author | ized DFA | 25 | |
| | | | 400000000 | | | |
| PURPOSE | | MATTON IS HERITH | xcess Baggage | ⊥ Fuel | Authorized | |
| To reduce what was distribut. | | | ovt Furnished Me | ale Mil D | anking | |
| FUND CITE W BILLING ADDRESS | DBA INSURANCE INFORM | | | | Control of the second | |
| 123 4678 29304 1324738 | Company Name: Internation | is Heath | lif Clothing | ∟ Mil E | xchange | |
| 1 Penn Ave., Washington, District of Columbia - 22000 | Insurance Co. Policy Number: 123-ABC-45 | . | lil Issued Equip | ✓ Milair | | |
| United States | POC Phone Number: 800-4 | 56,3322 | | VIVIIII | | |
| (2) (2) (2) (3) | | | WR | ■ None | | |
| | | | esuscitative Care | Птент | nadation | |
| The government organization | | | esuscitative Care | L Trans | sportation | |
| authorizes the individual emp | | | | | | |
| designated deployment perio | | | | | | tocc armay mail spitalesamymi |
| return to the point of origin. Travel is in accordance with | | | | | | tess.army.mil cn-gotaltes.amy.mi, c-US, o-US. Government, ou-USA |
| appropriate travel regulations | | | ing scar of the United | | | 201002141101025-9400 |
| States and US possessions) | | | | | - Cinna | d by the SPOT System on behalf of TERRIE B PUGH |
| of State's Standardized Regi | | | is remiones, and Dept | | Print Name Signe | to by the SPOT System on behalf of TERRIC B POOR |
| or State's Standardized Regi | ulations for Occinos | | A unique barea | do is gonoro | tad far aach | 100-1 |
| Prior to issuance of a DoD Co | ommon Assace Card (| CAC) the accomment | A unique barco | de is genera | ted for each | porz@yanoo.com |
| completion of the FBI fingerp | | | | LOA | | |
| Check with Inquiries to the O | | | | LOA | | 010 |
| equivalent investigation. | moe of Personnel Ma | nagement (OPM), or a | JAMMS scans of | ontractor lo | cation data | 90223 |
| equivalent investigation. | | | | | | 80223 |
| Emergency medical support | will be determined by | the annonniste sunnor | which is uplo | aded to SPO | Trecords | |
| Contractor authorization abox | | | | | | |
| Necessary identification bado | | | nnorted command | | | |
| recessary recruitedatori baug | tes was no neterminen | and provided by the Su | pported continuents. | | | |









| LETTER OF AUTHORIZATION | | | | | | |
|----------------------------|---|--|--|--|--|--|
| GOVT AGENCY POC | GOVT AGENCY POC PHON | GOVT AGENCY POC EMAIL | | | | |
| SSNFIN | DATE OF BIRTH | | | | | |
| | CITIZENSHIP | PASSPORT # / EXPIRATION | | | | |
| | DEPLOYMENT PERIOD STA | ART DEPLOYMENT PERIOD END | | | | |
| | THEATER EMAIL | 1) | | | | |
| CLEARANCE DATE (MMDD/7777) | JOB TITLE | SUPERVISOR/NON-SUPERVISOR | | | | |
| COMPANY POC | COMPANY POC TELEPHON | NE COMPANY POC EMAIL | | | | |
| CONTRACT / TO START DATE | CONTRACT / TO END DATE | CONTRACT ISSUING AGENCY | | | | |
| NOK RELATIONSHIP | ASSIGNED KO | ASSIGNED KO TELEPHONE | | | | |
| VO | CONTACT'S PHONE | CONTACT'S EMAIL | | | | |
| 70 | Barothi Brothn | CACAD Card | | | | |
| TODA INCLIDANCE INCODE | DEACS | Daggage CAAF Umished Meals Mil Banking | | | | |
| DBA INSURANCE INPUNI | ☐MI Issu | ued Equip Milair None | | | | |
| | GOVT AGENCY POC SSNIFIN CLEARANCE DATE (WMDD/YYYY) COMPANY POC CONTRACT / TO START DATE NOK RELATIONSHIP | GOVT AGENCY POC GOVT AGENCY POC PHON SSN.FIN DATE OF BIRTH CITIZENSHIP DEPLOYMENT PERIOD STA THEATER EMAIL CLEARANCE DATE (WANDDAYYYY) JOB TITLE COMPANY POC COMPANY POC TELEPHON R CONTRACT / TO START DATE CONTRACT / TO END DATE NOK RELATIONSHIP ASSIGNED KO CONTACT'S PHONE GOVERNI BOOK PRODUCTION GOVERNI DIA ACCOUNTY POOR GOVERNI DIA ACCOUNTY POOR GOVERNI DIA ACCOUNTY POOR DIA ACCOUNTY POOR | | | | |

The government organization specified above, in its mission support capacity under the contract, authorizes the individual employee identified herein, to proceed to the location(s) listed for the designated deployment period set forth above. Upon completion of the mission, the employee will return to the point of origin. Travel being performed is necessary and in the public's service. Travel is in accordance with FAR 31.205-36 and the maximum per diem allowable under the appropriate travel regulations (Joint Travel Regulation (for AK, HI and outlying areas of the United States and US possessions), Federal Travel Regulation for CONUS and US Territories, and Dept of State's Standardized Regulations for OCONUS Foreign Areas designated by DOS).

Prior to Issuance of a DoD Common Access Card (CAC), the government sponsor must ensure completion of the FBI fingerprint check with favorable results and submission of a National Agency Check with Inquiries to the Office of Personnel Management (OPM), or a DoD-determined equivalent investigation.

Emergency medical support will be determined by the appropriate supported commander. Contractor authorization aboard military aircraft will be determined by the supported commander. Necessary identification badges will be determined and provided by the supported command.



| SSN: |
|------|
| |

LOA REMARKS

AP1.3.17.1. U.S.-owned contractors providing goods or services in direct support of DoD activities for contract-related mail only, their U.S. citizen employees and sponsored family members may be authorized personal mail. Postal support will be limited to the country in which the contractor is performing and providing there is no host-country prohibition. The extent of the postal support will be set fifth in the contract. The provisions for postal support in such contracts shall be reviewed and approved by the applicable Combatant Commander (or his designated representative) and the Military Department concerned prior to execution of the contract.

| Contracting Officer |
|---------------------|
| |
| Signature |
| Print Name |
| Email |
| Date |
| Phone |

| INVITED CONTR | | | | EG 700-19) | | | | |
|---------------------------------|---|---------------|-------------------|---|-------------------------|--------------------------|--------------|-----------------------------|
| | | | AND PRIVACY | | | | | |
| | | | OMPLETED BY TH | | | <u> </u> | | |
| | TYPE OF REP | | | CONTRACT | NUMBER | | CONT | RACT EXPIRATION |
| ARRIVAL | | CHANGE I | N DATA | | | | | |
| CONTRACTOR COMPANY | NAME | - | | DESCRIPTION | ON OF SEF | RVICE | | |
| | | | | | | | | |
| EMPLOYEE'S NAME (LAST, | FIRST, MI) | | | SSN | | CITIZENSHI | P | PASSPORT NUM |
| , , | • | | • | 1 | | | | 1 |
| NOTIOE B | | | | | | | | <u> </u> |
| NOTICE: By signing this form | n the contractor em | | | | | | nd policie | |
| EMPLOYEE'S SIGNATURE | | | ICY-ESSENTIAL | | TED CONTI | | | FULL-TIME |
| | | YES | NO | TEC | | PRESENTATIVE | | PART-TIME |
| DATE AND PLACE OF HIRE | | | | 1 | L(| OGISTICS SUPP | PORT | _ |
| | | | | FULL | 📖 | INDIVIDUAL | | NO SUPPORT |
| ORDINARY RESIDENCE (CI | TY, STATE, COUN | ITRY) | | | | NUMBE | R OF DE | PENDENTS IN KO |
| | | | | | | | _ | |
| DUTY ADDRESS IN KOREA | | | | | | DI | \ <u>₹N</u> | IUMBER |
| | | | | | | | \ | |
| HOME ADDRESS IN KOREA | | | | | | | /: | NUMBER |
| | | | | | | | \ | |
| DATE OF ENTRY | <u> </u> | | PORT OF EN | TRY | | | , | DEPARTURE FR |
| | | | 1 / | | | | | \ |
| DEPENDENT'S NAME (LAST | F FIRST MAN | DOP (Only | ┼ // ╭ | 1 6 | | | | \ |
| DEFENDENTS NAME (LAST | , riko i , ivii) | DOB CHildren. | | | | 4 | | \ 'D DATE OF E |
| | | | | | | ▲ | | \ |
| | | | | | ~ | | | 7 |
| | | TT X | AM | | M | N. | _ | |
| | | EX | AMI | | ONI | X | /_ | |
| | | EX | AM | EA (| ONI | . N | <u>/</u> | <u> </u> |
| | | EX | AMI | EA | ONI | .N | /_ | |
| | | EX | AMI KOR | EA | ONI | .N | <u></u> | |
| | | EX | AMI KOR | EA | NI C | | | |
| | 10 | EX | AMI KOR | EA | ONI | | | |
| | V | EX | AMI KOR | EA | DNI | | | |
| Th | L | EX | KOR | ED BY THE RESI | PONSIBLE O | FFICER) | | |
| Th NAME AND GRADE | L | EX | e information is | ade and correc | PONSIBLE Of to the best | FFICER) of my knowledg | e and be | |
| Th NAME AND GRADE | L | EX | e anomidadir is | ED BY THE RESI true and correct | PONSIBLE Of to the best | FFICER) of my knowledg | e and be | |
| NAME AND GRADE | | EX | U | INIT | PONSIBLE Of to the best | FFICER) of my knowledg | e and be | elief. |
| | DEROS | EX | U | ade and correc | PONSIBLE Of to the best | FFICER) of my knowledg | ee and be | |
| NAME AND GRADE | DEROS | | U | IGNATURE | to the best | Nowedy | ee and be | elief. |
| NAME AND GRADE | DEROS | | U | IGNATURE | to the best | Nowedy | e and be | elief. |
| NAME AND GRADE | DEROS | | U | IGNATURE | to the best | Nowedy | e and be | elief. |
| NAME AND GRADE | DEROS | | U | IGNATURE | to the best | Nowedy | ee and be | elief. |
| NAME AND GRADE | DEROS | | U | IGNATURE | to the best | Nowedy | e and be | elief. |
| NAME AND GRADE | DEROS | | U | IGNATURE | to the best | Nowedy | ee and be | elief. |
| NAME AND GRADE | DEROS | | U | IGNATURE | to the best | Nowedy | ee and be | elief. |
| NAME AND GRADE | DEROS | | U | IGNATURE | to the best | Nowedy | e and be | elief. |
| NAME AND GRADE | DEROS | | U | IGNATURE | to the best | Nowedy | e and be | elief. |
| NAME AND GRADE | DEROS PART III - (T) | O BE COMPLET | S TED BY ACOFS, A | INIT | NAGEMENT |) | | elief. |
| PHONE NUMBER | DEROS PART III - (TI | O BE COMPLET | S TED BY ACOFS, A | IGNATURE ACQUISITION MA | NAGEMENT | ONSIBLE OFFICE | R) | plief. DATE |
| NAME AND GRADE | DEROS PART III - (T) | O BE COMPLET | S TED BY ACOFS, A | IGNATURE ACQUISITION MA | NAGEMENT | ONSIBLE OFFICE | R) | elief. |
| PHONE NUMBER | DEROS PART III - (TI | O BE COMPLET | S TED BY ACOFS, A | IGNATURE ACQUISITION MA | NAGEMENT | ONSIBLE OFFICE | R) | plief. DATE |
| PHONE NUMBER | PART IV - REPORT DESTINATION | O BE COMPLET | TED BY ACOFS, A | IGNATURE ACQUISITION MA | NAGEMENT | ONSIBLE OFFICE | R) CONTRO | plief. DATE |
| PHONE NUMBER DATE OF DEPARTURE | PART IV - REPORT DESTINATION | O BE COMPLET | TED BY ACOFS, A | IGNATURE ACQUISITION MA | NAGEMENT | DNSIBLE OFFICE | R) CONTRO | DATE DATE DL PLATE TURNED |
| PHONE NUMBER DATE OF DEPARTURE | PART IV - REPORT DESTINATION OR SUPERVISOR | O BE COMPLET | TED BY ACOFS, A | INIT IGNATURE ACQUISITION MA PLETED BY THE NED-IN TO IGNATURE OF | USFK RESPO | ONSIBLE OFFICE RATION | R) CONTRO | DATE DATE DL PLATE TURNED |
| PHONE NUMBER DATE OF DEPARTURE | PART IV - REPORT DESTINATION OR SUPERVISOR | O BE COMPLET | TED BY ACOFS, A | IGNATURE ACQUISITION MA | USFK RESPO | ONSIBLE OFFICE RATION | R) CONTRO | DATE DATE DL PLATE TURNED |
| PHONE NUMBER DATE OF DEPARTURE | PART IV - REPORT DESTINATION OR SUPERVISOR | O BE COMPLET | TED BY ACOFS, A | INIT IGNATURE ACQUISITION MA PLETED BY THE NED-IN TO IGNATURE OF | USFK RESPO | ONSIBLE OFFICE RATION | R) CONTRO | DATE DATE DL PLATE TURNED |
| PHONE NUMBER DATE OF DEPARTURE | PART IV - REPORT DESTINATION OR SUPERVISOR | O BE COMPLET | TED BY ACOFS, A | INIT IGNATURE ACQUISITION MA PLETED BY THE NED-IN TO IGNATURE OF | USFK RESPO | ONSIBLE OFFICE RATION | R) CONTRO | DATE DATE DL PLATE TURNED |
| PHONE NUMBER DATE OF DEPARTURE | PART IV - REPORT DESTINATION OR SUPERVISOR | O BE COMPLET | TED BY ACOFS, A | INIT IGNATURE ACQUISITION MA PLETED BY THE NED-IN TO IGNATURE OF | USFK RESPO | ONSIBLE OFFICE RATION | R) CONTRO | DATE DATE DL PLATE TURNED |
| PHONE NUMBER DATE OF DEPARTURE | PART IV - REPORT DESTINATION OR SUPERVISOR | O BE COMPLET | TED BY ACOFS, A | INIT IGNATURE ACQUISITION MA PLETED BY THE NED-IN TO IGNATURE OF | USFK RESPO | ONSIBLE OFFICE RATION | R) CONTRO | DATE DATE DL PLATE TURNED |
| PHONE NUMBER PATE OF DEPARTURE | PART IV - REPORT DESTINATION OR SUPERVISOR | O BE COMPLET | TED BY ACOFS, A | INIT IGNATURE ACQUISITION MA PLETED BY THE NED-IN TO IGNATURE OF | USFK RESPO | ONSIBLE OFFICE RATION | R) CONTRO | DATE DATE DL PLATE TURNED |

Procedure to Designate a US Contract/Invited Contractor under the US-ROK SOFA:

Designation as a US Invited Contractor or Technical Representative under the ROK-US SOFA ("SOFA status") is a legal requirement for US contractors to perform in support of the US Armed Forces in the ROK. In Korea SOFA Designation is a 2 STEP process. SOFA designation is a unilateral right of USFK. Contracting officers should not make SOFA status a condition of the contract without first coordinating with this office (USFK/FKAQ). Coordinate contract performance in the ROK with this office before performance begins in the ROK. We encourage processing designations during the solicitation stage. Additionally, contracting officers and requiring activities should consider requirements for performance during contingency or war and include the appropriate contract clauses and PWS language.

The US-ROK SOFA is an international agreement as defined in FAR 25.8. The SOFA document may be accessed on-line at: http://www.usfk.mil/usfk/sofa

USFK Regulation 700-19 implements the US-ROK SOFA and may be accessed on-line at: http://8tharmy.korea.army.mil/g1_AG/Programs_Policy/Publication_Records_Reg_USFK.htm

Also, SOFA designation requests may be made via email (STEP 1) to Ms. A Chong, Yim at usarmy.yongsan.411-contr-spt-bde.mbx.411th-csb-fkaq-wor@mail.mil or DSN 315-724-6162, and (STEP 2) to Mr. Cecconi, David T. at usarmy.yongsan.411-contr-spt-bde.mbx.411th-csb-fkaq@mail.mil or DSN 315-724-6211. This contact information is subject to change.

STEP 1. The contracting officer submits a request for SOFA designation (see attachment for format) to USFK/FKAQ on the contract. The contracting officer should review Article XV of the SOFA Agreement and USFK regulation 700-19 for unique requirements for contract performance in the ROK.

Before non-Korean contracts can receive SOFA designation (and be legally permitted to perform in the ROK) at least one of four criteria must be met:

- (1) Limitation of US law (rarely used)
- (2) Security considerations
- (3) Technical qualifications *
- (4) Unavailability of materials or services in the ROK*

If citing exception (3) or (4), the contracting officer must insert in the "justification section" of the SOFA request memo the statement below verifying no Korean firm can perform the work.

- (3) When using technical qualification as the justification exception in the SOFA request memo, use this verbiage: "Market research was conducted and no one in Korea is technically qualified to perform this requirement."
- (4) When using unavailability of service as the justification exception in the SOFA request memo, use this verbiage: "Market research was conducted and no one in Korea is able to perform this requirement."
- * If you are citing (3) or (4) and the verbiage above is not stated, your contract SOFA request may not be approved.

GERMANY WORK PERMIT FAX BACK FORM

REQUIRED FOR CONTRACTORS TRAVELING TO GERMANY.

THE GERMAN GOVERNMENT REQUIRES THAT

CONTRACTORS TRAVELING TO GERMANY FOR LESS THAN

90 DAYS FAX A ONE-PAGE REQUEST FOR CONFIRMATION

OF EXCEMPTION FROM THE REQUIREMENT TO OBTAIN A

WORK PERMIT. EXCEPTIONS TO THIS POLICY ARE NON US

CITIZENS AND PERSONNEL NOT PERFORMING A WORK

FUNCTION (I.E. CONFERENCES, MEETINGS, ETC.)

Go to HQUSAREUR web site as listed below:

- •N http://:www.eur.army.mil/g1/content/cpd/docper.html
- •N Click on Civilian Personnel Dir
- •N Click on DOC PER
- •N Click on Germany Links
- ◆N Click on AE Regs/Resources
- •N Click on Forms and go to #7.
- •N Once completed, fax form to 011-49-0711-920-3234 for signature and stamping.
- •N Once appropriate authorization has been secured, submit with USAMRMC Form 55.

ZAV Stuttgart Werkvertragsverfahren Nordbahnhofstr. 30-34

70191 Stuttgart

Email: ZAV-Stuttgart-WVV.Team313@arbeitsagentur.de

Fax-Nr. 0711/920-3234

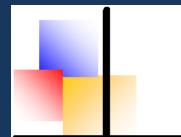


Zentrale Auslandsund Fachvermittlung (ZAV)

Antrag auf Bestätigung einer aufenthaltsgenehmigungsfreien Tätigkeit Request for Confirmation of Exemption from the Requirement to obtain a Work Permit

Please note: Approval does NOT confer status under NATO Status of Forces Agreement (NATO SOFA) or any associated privileges

| Agreement | MAIOS | OI A) OI ally | associa | teu privileges | | |
|--|------------|------------------------|----------------------|-------------------------|--|--|
| Last Name/Nachname | | | | | | |
| First Name/Vorname | | | | | | |
| Date and Place of Birth/Geburtsdort | (dd/mm/yy) | | | | | |
| Nationality/Nationalität | | | | | | |
| Passport Number/Paßnummer | | | | | | |
| Contract Number/Vertragsnumme | er | | | | | |
| Company Name/Name des Unternehmens | | | | | | |
| Place of Work (in Germany)/Ort of Beschäftigung | | | | | | |
| Description of Work (in Germany) Beschäftigung |)/Art der | | | | | |
| If appropriate, see further explana attached sheet/ ggfs. weitere Beschreibung auf Beiblatt | ation on | | | | | |
| Estimated Dates of Work (in Germany)/voraussichtliche Zeiter Tätigkeit | | From/von (dd/mm/yy) | | Until/bis (dd/mm/yy) | | |
| Fax-Number of Company/Fax-Nr. Unternehmens | . des | | | | | |
| Email-Address/Email-Adresse | | | | | | |
| Place and Date/Ort und Datum | | | | | | |
| Name of Company Representativ des Bevollmächtigten des Unterne | | | | | | |
| Signature of Company Representative/Unterschrift des Bevollmächtigten des Unternehm | ens | | | | | |
| | | Bestätigung | | | | |
| Nach Prüfung des vorstehenden Antrages wird bestätigt, das die Tätigkeit des/der o.g. Beschäftigten des o.g. Unternehmens für den genannten Zeitraum eine zustimmungsfreie Beschäftigung nach § 4 Beschäftigungsverordnung (leitende Angestellte mit Generalvollmacht, Prokura usw.) § 11 Beschäftigungsverordnung (Montage von Maschinen/Anlagen, EDV-Anlagen) darstellt. Tätigkeiten, die bis zu 3 Monate innerhalb eines Zeitraumes von 12 Monaten in Deutschland ausgeübt werden, sind nach § 16 der Beschäftigungsverordnung von der Erfordernis einer Aufenthaltserlaubnis befreit. | | | | | | |
| ZAV Stuttgart Nordbahnhofstr. 30-34 70190 Stuttgart | Stuttgart, | , den | | | | |
| | | | Siegel und Unterschr | ift | | |



RPP

Force Protection Plan
Required for all DoD
Sponsored Personnel Traveling
Overseas

The FPP must be signed by a O5/O6 or equivalent. Travelers traveling to restricted areas, the FPP must be signed by the Commanding General.

NOTE: THE HIGHLIGHTED AREAS ARE EITHER ACTION ITEMS OR INSTRUCTIONS. INSTRUCTIONS SHOULD NOT BE INCLUDED IN THE FINAL DOCUMENT. WHEN YOU CUT AND PASTE, PLEASE BE SURE TO FORMAT THE PRINTING AND FONT TO THE ORIGINAL DOCUMENT.

UNIT LETTERHEAD AND COMPLETE ADDRESS (Do not abbreviate)

OFFICE SYMBOL DATE

MEMORANDUM FOR RECORD

SUBJECT: Antiterrorism/Force Protection/Recovery Plan for (Rank and name of traveler), Destination: (place(s) traveling to), Dates of Travel: (dates of each destination) (Standard format for all travel except USAPACOM restricted areas)

1. Summary.

- a. Buddy Rule is/is not in effect. (If in effect, state how the Buddy Rule will be satisfied and with whom).
- b. SECSTATE Public Announcements or Travel Warnings: Make a separate sub-paragraph for each destination (If none, state none). Travel Warning information can be cut and paste from the DOD Electronic Foreign Clearance Guide, Section IV A at the NIPRNet site https://www.fcg.pentagon.mi/.
- c. CDR, Travel Restrictions: Make a separate sub-paragraph for each destination. Travel restricted country information can be cut and paste from the DOD Electronic Foreign Clearance Guide, Section III at the NIPRNet site https://www.fcg.pentagon.mil/. If there are not any travel restrictions for country(ies) of travel, state "NONE". If there are not restrictions in effect, include the following information. If not in effect, delete (1-3).
- (1) Indicate how the traveler(s) will comply with the requirements of the restriction (will not be traveling to Travel Restricted locations or participating in restricted types of events).
- (2) State that the travel has been designated "mission essential" by the traveler(s) chain of command, (Include name and rank of person in the chain of command that made the designation). A mission essential statement must be signed by the commander/director and submitted with the USAMRMC Form 55 when requesting clearances.

SUBJECT: Antiterrorism/Force Protection/Recovery Plan

(1) If traveling to a restricted area, the commander/director must do an Operational Risk Assessment (ORA). A signed statement by the commander/director must be submitted with the USAMRMC Form 55 when requesting clearances.

2. Security (responsibility and measures)

- a. Weapons: (e.g., State who will be armed or no weapons authorized.)
- b. Workplace: (e.g., Dept of State Guards, US Army MPs, direct hire/contract security guards, or local police.)
- Billeting: (Include address and phone number of billeting or hotel.)
- 3. Medical (Health Precautions and warnings can be cut and paste from DOD Electronic Foreign Clearance Guide, Section IV E at the NIPRNet site https://www.fcg.pentagon.mil/. In addition to the health precautions, provide the following information:
 - State whether comprehensive medical care/ambulance service is available, location of medical or hospital and phone numbers.
 - Emergency medical support: Provide medical information to (Traveler).
 - c. Installations public health officers can assist in determining if a traveler requires a vaccination. For additional information on vaccines, refer to the MILVAC website at NIPRNet site http://www.vaccines.mil.
 - d. Travelers may obtain additional information from the international travelers' hotline of the Centers for Disease Control and Prevention (CDC) at 1-888-232-3228, from the CDC AUTOFAX at 1-888-232-3229, or from the CDC NIPRNet site http://www.cdc.state.gov/.

4. Communications

- a. Availability of telephones in-country: (Public/International cell phones/other. Include Country/City Code dialing information.)
- b. Contact numbers in-country: (Links to all American Embassy web pages are available at NIPRNet site http://www.usembassy.state.gov/);

SUBJECT: Antiterrorism/Force Protection/Recovery Plan

5. American Embassy Locations: (Include street address and other pertinent directions to locate the nearest American Embassy or Consulate – Links to all American Embassy web pages are available at NIPRNet site http://www.usembassy.state.gov/).

6. Emergency Action Plans

- a. Evacuation Plans: (Provide detailed information for Traveler(s) to evacuate the country in the event of an emergency. Include phone numbers and points of contact at American Embassy/Consulate to obtain guidance on evacuating the country. Also include telephone numbers necessary to change airline reservations if required.)
- Upon identification of suspicious activity possibly endangering personnel, facilities, or residences, traveler(s) will notify hotel security and local police. Subsequent notification will be made to the American Embassy/Consulate.
- c. Safe Havens: American Embassy/Consulate for all threats other than those to the Embassy/Consulate. For threats to American Embassy/Consulate, traveler(s) will remain in their hotel unless otherwise instructed by American Embassy personnel.

7. Specific Contingency Plans

- a. Terrorist attacks on an American Embassy: Cease activities; return to hotel room or other available safe haven; assess situation; contact Theater JOC Director and USAMRMC EOC (301-619-0605) or USAMRMC Force Protection Office (301-619-7281, 301-619-6060 or 301-619-7270).
- b. Terrorist attack against work place: Cease activities; evacuate to the American Embassy and contact applicable Theater JOC Director and USAMRMC EOC (301-619-0605) or the USAMRMC Force Protection Office (301-619-7281, 301-619-6060 or 301-619-7270) for guidance. Continue to assess the situation, and plan to evacuate via commercial airlines. Host nation security and law enforcement personnel increase security of workplace and embassy until situation is resolved, or depart country.
- c. Mob violence or coup: Cease activities; remain at hotel until situation is resolved; coordinate with the American Embassy and depart via commercial air.

SUBJECT: Antiterrorism/Force Protection/Recovery Plan

- a. In the event that a terrorist attack occurs in country, new terrorist threat information is received, change in Threat Level or FPCON: Coordinate with the American Embassy/USDA; assess the situation, contact applicable Theater JOC Director and USAMRMC EOC (301-619-0605) or the USAMRMC Force Protection Office (301-619-7281, 301-619-6060 or 301-619-7270), and either continue with enhanced American Embassy/host nation security, or cease activities and depart the country via commercial air.
- **8. Protective Measures.** Traveler(s) will comply with attachments 1 and 2 and the FPCON measures in accordance with USAMRMC guidelines and policy.
- 9. Approval. In accordance with USAMRMC Guidance and Policy, this FP plan is approved.

COMMANDER/DIRECTOR SIGNATURE BLOCK

TRAVELER'S SIGNATURE BLOCK

Attachments

- 1. Preparation and Planning
- 2. Antiterrorism Individual Protective Measures



Antiterrorism Plan Attachment 1 Preparation and Planning

□% AT Training, Intelligence and Threat Briefings:

- Travelers have completed Level I AT Awareness training with in the past 12 months.
- b. Travelers have received a threat briefing for the destination(s) in the past 3 months that Included information on:
 - (1) Historical activity
 - (2) Recent activity
 - (3) Known Groups
- c. Traveler will wear civilian clothing while traveling.
- d. Safety Advisor: Traveler has been provided safety/security advisories with emphasis on hotel/street crime, fire safety, medical tips, water/food safety, and related topics.
- e. Security advisory: Traveler has reviewed Information on safety and security.
- f. Crime advisory: Traveler will safeguard valuables and take advantage of any provided safes. traveler will remain alert and take the same precautions he would take in any major urban area. petty criminals are most active in predominately tourist areas, airports, markets, restaurants, public transportation and hotels.

□S Emergency Action Plan:

- Communications: Traveler has been provided with emergency telephone.
- b. Evacuation Plan: No requirement to evacuate the country is anticipated; however, traveler will have phone numbers and points of contact to change airline reservations if required.
- c. Upon identification of suspicious activity possibly endangering personnel or facilities, traveler will notify hotel security, local police, MP's, or MI as appropriate. If warranted, subsequent notification will be made to the Theater CDO.
- d. Safe Havens: Traveler will proceed to nearby US Government facilities or remain in hotel unless otherwise instructed.
- Specific Contingency Plans:
 - a. Terrorist attack on hotel:
- (1) Contact appropriate US Government security facility.
- (2) Then evacuate to nearest US Government facility.
- b. Terrorist attack against the workplace:
- $\label{eq:continuous} \mbox{(1) Follow instructions of the visited} \\ \mbox{workplace}.$

- (2) Assess situation, and plan to evacuate via commercial airlines.
 - c. Mob Violence or Civil Disturbance:
 - (1) Monitor situation
 - (2) If off duty, cease activities
- (3) Remain at hotel until situation is resolved.
- (4) Coordinate with appropriate US Government facility and depart via commercial air if required.
- D. New terrorist threat information, change in Threat Level or FPCON:
- (1) Coordinate with appropriate US Government security facility.
- (2) Assess situation, contact home unit.
- (3) Continue with enhanced security or cancel visit and depart via commercial air.

E. Natural disaster in AO:

- (1) Assess situation
- (2) Coordinate with visited workplace.
 - (3) Cancel meeting if appropriate.
- (4) Contact home unit. And depart via commercial air
- (5) If disaster is of such magnitude that commercial air flights are unavailable, coordinate with appropriate US Government security facility to depart via other airports.



Antiterrorism Plan Attachment 2 Individual Protective Measures

Vary

- 1. Routines
- 2. Schedules/times
- 3. Travel routes
- 4. Eating establishments
- 5. Shopping locations
- 6 Attire

Avoid

- 1. Crowded areas, demonstrations, public holiday festivals, known trouble spots
- 2. Excessive use of alcohol
- 3. Offensive, insulting, illegal, or unethical behavior

Know

- How to us local telephone systems and have correct change
- 2. Where the US Embassy is located (address and telephone number)
- 3. Where the nearest police/fire stations are
- 4. Where the nearest hospital is
- Where friendly/allied foreign embassies and consulates are
- 6. Where safe havens are
- Where your hotel/billeting site is in relation to everything else
- Simple phrases in the predominant language of the country your visiting

Bomb Incidents

- 1. Be alert to suspicious objects found around
- Workplace sites, hotel, airport, or transportation
- 3. Unattended baggage
- 4. Unattended briefcases
- Unattended boxes, crates, musical instrument cases

Unattended vehicles

- If a suspected bomb is discovered, clear the area immediately
- Notify local security and your chain of command

Recognize potential letter/package bombs by

- 1 Unusual odors
- 2. Excess postage
- Specifically addressed to an individual or the entity's senior officer/person
- 4. Bulges, bumps, or odd shapes
- 5. No return or unrecognizable address
- 6. Protruding wires/strings
- Poor spelling, punctuation, excessive markings (e.g. Eyes Only, Personal, Confidential)
- If discovered, evacuate area, call security; DO NOT move or touch package

Travel Safety

Airport terminals

Use "sanitized" or concealed bag tags. No
US Government affiliated

- Minimize time in terminals; wait in sterile areas
- Refuse to carry luggage for strangers; report requests to airport authorities
- Watch other waiting passengers; be alert to nervous, suspicious characters

At hotels

- 1. Do not give room number to strangers
- Request a room facing away from the street, between the 4th and 7th floors
- 3. Use curtains
- Leave a light or TV on, give the appearance of occupancy; use "do not disturb" sign
- 5. Answer telephone "hello"; be circumspect in
- 6. your conversations

Domicile to duty

- 1. Use alternate parking spaces
- 2. Lock unattended vehicles
- Look for tampering, fingerprints, grease marks dirt smudges, or specifically cleaned areas
- 4. Alter routes and times
- 5. Plan escape routes as you drive
- Be alert to following/approaching mopeds/ cycles
- 7. Do not pick up hitchhikers
- 8. Drive with windows up and door locked
- Avoid chokepoints
- Keep vehicle gas tank at least half full; maintain vehicle well



RESTRICTED AREA FPP

Force Protection Plan
Required for all DoD
Sponsored Personnel Traveling
Overseas To a Restricted Area

Travelers traveling to restricted areas, the FPP must be signed by the Commanding General.

NOTE: THE HIGHLIGHTED AREAS ARE EITHER ACTION ITEMS OR INSTRUCTIONS. INSTRUCTIONS SHOULD NOT BE INCLUDED IN THE FINAL DOCUMENT. WHEN YOU CUT AND PASTE, PLEASE BE SURE TO FORMAT THE PRINTING AND FONT TO THE ORIGINAL DOCUMENT.

UNIT LETTERHEAD AND COMPLETE ADDRESS (Do not abbreviate)

OFFICE SYMBOL DATE

MEMORANDUM FOR RECORD

SUBJECT: Antiterrorism/Force Protection/Recovery Plan for (Rank and name of traveler/s), Destination (place(s) traveling to), Dates of Travel (dates of each destination) (Use for all USAPACOM restricted area travel).

1. Summary.

- a. (Country) (Make a separate sub-paragraph for each distinctive country "a. b. c. etc".)
 - (1) Terrorist Threat Level: (LOW/MODERATE/SIGNIFICANT/HIGH)
 - (2) Criminal Threat Level: (NEGLIGIBLE/LOW/MEDIUM/HIGH/CRITICAL)
 - (3) Force Protection Condition: (NORMAL/ALPHA/BRAVO/CHARLIE/DELTA)
- b. Buddy Rule is/is not in effect. (If in effect, state how the Buddy Rule will be satisfied and with whom.)
- c. SECSTATE Public Announcements or Travel Warnings: (Make a separate sub-paragraph for each destination if any are in effect. If there <u>are not</u> any travel warnings for country(ies) of travel, state "NONE".)
- d. CDR, Travel Restrictions: (Include the following information based upon whether CDR, USAFRICOM, USCENTCOM, USEUCOM, USNORTHCOM, USSOUTHCOM, USPACOM has implemented travel restrictions for the country(ies) scheduled for travel. If there <u>are not</u> any travel restrictions for country(ies) of travel, state "NONE". If there <u>are</u> travel restrictions in effect, include the following information.)
- (1) State what the restriction is (e.g., specific cities, states, provinces, types of events, etc.)
- (2) Indicate how the traveler(s) will comply with the requirements of the restriction (will not be traveling to Travel Restricted locations or participating in restricted types of events.
- (3) State that the travel has been designated "mission essential" by the traveler(s) chain of command, (Include name and rank of person in the chain of command that made the designation.

SUBJECT: Antiterrorism/Force Protection/Recovery Plan

- (1) State that the travel has been designated "mission essential" by the traveler(s) chain of command, (Include name and rank of person in the chain of command that made the designation.)
- (2) If traveling to a restricted area, commander must do an Operational Risk Assessment (ORA.)
- (3) State that prior to travel, permission will be obtained from HQ USAMRMC, DCSOPS.
- AT/FP responsibility: (State whether CDR, USAFRICOM, USCENTCOM, USEUCOM, USNORTHCOM, USSOUTHCOM, USPACOM or Chief of Mission (COM) has FP responsibility, based on DoS/DoD MOAs.)

2. Transportation Plans

- Air: (e.g., Traveler(s) will use commercial air. Air carrier is a US flag carrier on the FAA approved list.)
- After arrival, from airport to work or billeting: (e.g., Traveler(s) will be picked up by the American Embassy, or use AAFES taxis, or contracted ground transportation.)
- Intra-area: (e.g., Traveler(s) will utilize Individual Protective Measures identified in Attachment 2.)

3. Security (responsibility and measures)

- a. Weapons: (e.g., State who will be armed or no weapons authorized.)
- b. Workplace: (e.g., Dept of State Guards, US Army MPs, direct hire/contract security guards, or local police.)
- Billeting: (Include address and phone number of billeting or hotel.)

4. Medical

 State whether comprehensive medical care/ambulance service is available, location of medical or hospital and phone numbers.

SUBJECT: Antiterrorism/Force Protection/Recovery Plan

- a. Emergency medical support: Provide medical information to (Traveler).
- b. Installations public health officers can assist in determining if a traveler requires a vaccination. For additional information on vaccines, refer to the MILVAC website at NIPRNet site: http://www.vaccines.mil.
- c. Travelers may obtain additional information from the international travelers' hotline of the Centers for Disease Control and Prevention (CDC) at 1-888-232-3228, from the CDC AUTOFAX at 1-888-232-3229, or from the CDC NIPRNet website at http://www.cdc.state.gov/.

5. Communications

- a. Availability of telephones in-country: (Public/International cell phones/other. Include Country/City Code dialing information.)
- b. Contact numbers in-country: (Links to all American Embassy web pages are available at NIPRNet website http://www.usembassy.state.gov/):
 - (1) American Embassy phone numbers:
 - (2) US military police phone numbers:
 - (3) Local police, fire, etc. phone numbers:
 - (4) Contact numbers for use as alternative sources of obtaining threat information:
 - (a) Respective Theaters Joint Operations Center (JOC).
 - (b) Respective Theaters Joint Intelligence Operations Center (JIOC) Senior Watch Officer
- 6. American Embassy Locations: (Include street address and other pertinent directions to locate the nearest American Embassy or Consulate Links to all American Embassy web pages are available at NIPRNet website http://www.usembassy.state.gov/.)

SUBJECT: Antiterrorism/Force Protection/Recovery Plan

7. Emergency Action Plans

- a. Evacuation Plans: (Provide detailed information for Traveler(s) to evacuate the country in the event of an emergency. Include phone numbers and points of contact at American Embassy/Consulate to obtain guidance on evacuating the country. Also include telephone numbers necessary to change airline reservations if required.)
- Upon identification of suspicious activity possibly endangering personnel, facilities, or residences, traveler(s) will notify hotel security and local police. Subsequent notification will be made to the American Embassy/Consulate.
- c. Safe Havens: American Embassy/Consulate for all threats other than those to the Embassy/Consulate. For threats to American Embassy/Consulate, traveler(s) will remain in their hotel unless otherwise instructed by American Embassy personnel.

8. Specific Contingency Plans

- Terrorist attacks on an American Embassy: Cease activities; return to hotel room or other available safe haven; assess situation; contact Theater JOC Director and USAMRMC EOC (301-619-0605).
- b. Terrorist attack against work place: Cease activities; evacuate to the American Embassy and contact applicable Theater JOC Director and USAMRMC EOC (301-619-0605) for guidance. Continue to assess the situation, and plan to evacuate via commercial airlines. Host nation security and law enforcement personnel increase security of workplace and embassy until situation is resolved, or depart country.
- c. Mob violence or coup: Cease activities; remain at hotel until situation is resolved; coordinate with the American Embassy and depart via commercial air.
- d. In the event that a terrorist attack occurs in country, new terrorist threat information is received, change in Threat Level or FPCON: Coordinate with the American Embassy/USDA; assess the situation, contact applicable Theater JOC Director and USAMRMC EOC (301-619-0605), and either continue with enhanced American Embassy/host nation security, or cease activities and depart the country via commercial air.

SUBJECT: Antiterrorism/Force Protection/Recovery Plan for (Rank and name of traveler/s), Destination (place(s) traveling to), Dates of Travel (dates of each destination) (Use for all USAPACOM restricted area travel)

- b. Terrorist attack against work place: Cease activities; evacuate to the American Embassy and contact applicable Theater JOC Director and USAMRMC EOC (301-619-0605) for guidance. Continue to assess the situation, and plan to evacuate via commercial airlines. Host nation security and law enforcement personnel increase security of workplace and embassy until situation is resolved, or depart country.
- Mob violence or coup: Cease activities; remain at hotel until situation is resolved; coordinate with the American Embassy and depart via commercial air.
- d. In the event that a terrorist attack occurs in country, newterrorist threat information is received, change in Threat Level or FPCON: Coordinate with the American Embassy/USDA; assess the situation, contact applicable Theater JOC Director and USAMRMC EOC (301-619-0605), and either continue with enhanced American Embassy/host nation security, or cease activities and depart the country via commercial air.
- 9. Personnel Recovery and SERE Code of Conduct Level B Training.
- a. Survival, Evasion, Resistance, and Escape SERE Code of Conduct (CoC) level A training completed on: (Enter date validated).

This may be accomplished by completing the SERE 100.01 Level A computer based training program provided by the Joint Personnel Recovery Agency (JPRA) on the NIPRNet at http://ijko.fcom.mil/. Training MUST be current within six months of arrival within the AOR or current within twelve months of arrival within the AOR, depending on Theater specific requirements.

- b. ISOPREP/PRO-File data for all traveler(s) is stored in the Personnel Recovery Management System (PRMS).
 - c. Personnel Recovery data validated on: (Enter date validated).
 - d. HQ USAMRMC G3/5/7 Personnel Recovery/SERE 100 POC's:

usarmy.detrick.medcom-usammc.other.dcsops-office@mail.mil

Phone: Comm (301-619-6060) DSN (343) Phone: Comm (301-619-7270) DSN (343) Phone: Comm (301-619-7281) DSN (343)

SUBJECT: Antiterrorism/Force Protection/Recovery Plan for (Rank and name of traveler/s), Destination (place(s) traveling to), Dates of Travel (dates of each destination) (Use for all USAPACOM restricted area travel)

- 10. Protective Measures. Traveler(s) will comply with enclosures 1 and 2 and the FPCON measures in accordance with USAMRMC guidelines and policy.
- 11. Approval. In accordance with USAMRMC Guidance and Policy, this FP plan is approved.

2 Encls

Preparing and Planning
 AT Individual Protective Measures

COMMANDING GENERAL'S

SIGNATURE BLOCK

COMMANDER/DIRECTOR SIGNATURE BLOCK

TRAVELER'S SIGNATURE BLOCK



Antiterrorism Plan Attachment 1 Preparation and Planning

□%AT Training, Intelligence and Threat Briefings:

- Travelers have completed Level I AT Awareness training with in the past 12 months.
- b. Travelers have received a threat briefing for the destination(s) in the past 3 months that Included information on:
 - (1) Historical activity
 - (2) Recent activity
 - (3) Known Groups
- c. Traveler will wear civilian clothing while traveling.
- d. Safety Advisor: Traveler has been provided safety/security advisories with emphasis on hotel/street crime, fire safety, medical tips, water/food safety, and related topics.
- Security advisory: Traveler has reviewed Information on safety and security.
- f. Crime advisory: Traveler will safeguard valuables and take advantage of any provided safes. traveler will remain alert and take the same precautions he would take in any major urban area. petty criminals are most active in predominately tourist areas, airports, markets, restaurants, public transportation and hotels.

☐ Emergency Action Plan:

- Communications: Traveler has been provided with emergency telephone.
- b. Evacuation Plan: No requirement to evacuate the country is anticipated; however, traveler will have phone numbers and points of contact to change airline reservations if required.
- c. Upon identification of suspicious activity possibly endangering personnel or facilities, traveler will notify hotel security, local police, MP's, or MI as appropriate. If warranted, subsequent notification will be made to the Theater CDO.
- d. Safe Havens: Traveler will proceed to nearby US Government facilities or remain in hotel unless otherwise instructed.
- Specific Contingency Plans:
 - a. Terrorist attack on hotel:
- Contact appropriate US Government security facility.
- (2) Then evacuate to nearest US Government facility.
- b. Terrorist attack against the work-place:
- $\label{eq:continuous} \textbf{(1) Follow instructions of the visited} \\ \text{workplace.}$

- (2) Assess situation, and plan to evacuate via commercial airlines.
 - c. Mob Violence or Civil Disturbance:
 - (1) Monitor situation
 - (2) If off duty, cease activities
- (3) Remain at hotel until situation is resolved.
- (4) Coordinate with appropriate US Government facility and depart via commercial air if required.
- D. New terrorist threat information, change in Threat Level or FPCON:
- (1) Coordinate with appropriate US Government security facility.
- (2) Assess situation, contact home unit.
- (3) Continue with enhanced security or cancel visit and depart via commercial air.

E. Natural disaster in AO:

- (1) Assess situation
- (2) Coordinate with visited work-
- place.
- (3) Cancel meeting if appropriate.
- (4) Contact home unit. And depart via commercial air
- (5) If disaster is of such magnitude that commercial air flights are unavailable, coordinate with appropriate US Government security facility to depart via other airports.



Antiterrorism Plan Attachment 2 Individual Protective Measures

Vary

- 1. Routines
- 2. Schedules/times
- 3. Travel routes
- 4. Eating establishments
- 5. Shopping locations
- 6 Attire

Avoid

- Crowded areas, demonstrations, public holiday festivals, known trouble spots
- Excessive use of alcohol
- 3. Offensive, insulting, illegal, or unethical behavior

Know

- How to us local telephone systems and have correct change
- 2. Where the US Embassy is located (address and telephone number)
- 3. Where the nearest police/fire stations are
- 4. Where the nearest hospital is
- Where friendly/allied foreign embassies and consulates are
- 6. Where safe havens are
- 7. Where your hotel/billeting site is in relation to everything else
- 8. Simple phrases in the predominant language of the country your visiting

Bomb Incidents

- 1. Be alert to suspicious objects found around
- Workplace sites, hotel, airport, or transportation
- 3. Unattended baggage
- 4. Unattended briefcases
- Unattended boxes, crates, musical instrument cases

Unattended vehicles

- If a suspected bomb is discovered, clear the area immediately
- Notify local security and your chain of command

Recognize potential letter/package bombs by

- 1. Unusual odors
- 2. Excess postage
- Specifically addressed to an individual or the entity's senior officer/person
- 4. Bulges, bumps, or odd shapes
- 5. No return or unrecognizable address
- 6. Protruding wires/strings
- Poor spelling, punctuation, excessive markings (e.g. Eyes Only, Personal, Confidential)
- If discovered, evacuate area, call security; DO NOT move or touch package

Travel Safety

Airport terminals

Use "sanitized" or concealed bag tags. No
US Government affiliated

- 2. Minimize time in terminals; wait in sterile areas
- Refuse to carry luggage for strangers; report requests to airport authorities
- 4. Watch other waiting passengers; be alert to nervous, suspicious characters

At hotels

- 1. Do not give room number to strangers
- Request a room facing away from the street, between the 4th and 7th floors
- 3. Use curtains
- Leave a light or TV on, give the appearance of occupancy; use "do not disturb" sign
- 5. Answer telephone "hello"; be circumspect in
- vour conversations

Domicile to duty

- 1. Use alternate parking spaces
- 2. Lock unattended vehicles
- Look for tampering, fingerprints, grease marks dirt smudges, or specifically cleaned areas
- 4. Alter routes and times
- 5. Plan escape routes as you drive
- Be alert to following/approaching mopeds/ cycles
- 7. Do not pick up hitchhikers
- 8. Drive with windows up and door locked
- 9. Avoid chokepoints
- 10. Keep vehicle gas tank at least half full; maintain vehicle well

AFRICOM's STATEMENT OF PREPAREDNESS (STOP)

REQUIRED FOR ALL OCONUS TRAVERLERS TRAVELING IN THE AFRICOM AOR.

- 1. Effective Dec 2011, all personnel traveling to AFRICOM must complete AFRICOM's Statement of Preparedness (STOP).
- 2. Go to https://www.us.army.mil/suite/page/622433 to access the forms to complete the STOP. The link will take you there through AKO. Go to paragraph 5 and click on Statement of Preparedness to access the form.
- 3. Ensure that the travelers read the Aeromedical EVAC Options Memo and signs the appropriate MEDEVAC acknowledgement memo.
- 4. Forward the STOP and the signed MEDEVAC acknowledgement memo to this office. When received, we will provide the required APACS number, ensure accuracy/completeness of the forms, and submit the completed documents to USARAF.

AFRICOM TRAVEL HEALTH FORM

| PART I: TRAVELER DATA | | | | | | | |
|--|---------------------|-----------|---|---------|--|--|-------------------|
| NAME: | | | | | | | |
| DATE OF TRAVEL: | | | | | | | |
| DESTINATION COUNTRY(S): | | | | | | | |
| | | | | | | | |
| Part II: TRAVELER PREPARATION YES | NO NO | | | | | YES | NO |
| TRAVELLING WITH BEDNET | | | ING WITH S | | | | |
| TRAVELLING WITH MINIMUM 2 SETS PERMETHRIN TREATED CLOTHING | | TRAVELLI | ING WITH Y | ELLOW S | HOT CARD (CDC FORM 731 | | |
| | RAVELLER | INITIALS | | | TR | AVELLER | INITIALS |
| I HAVE REVIEWED SUMMARY IN THE FOREIGN CLEARANCE GUIDE (FCG), SECTION I.C. IMMUNIZATIONS AND OTHER MEDICAL REQUIREMENTS FOR EACH OF THE COUNTRY/IES TO BE VISITED. (link below to FCG) | | | I UNDERSTAND THAT: CIVILIAN AND CONTRACTOR MEDICAL EVACUATION ARE NOT CURRENTLY COVERED UNDER DOD; | | | | |
| I HAVE REVIEWED THE SUMMARY IN THE FCG, SECTION VI.E. HEALTH THREATS FOR EACH OF THE COUNTRY/IES TO BE VISITED (link below to ECG): | | | 1 AM DIRE | CTED NO | OT SWIM IN ANY FRESH WATER OT TO PHYSICALLY CONTACT, | | |
| TO BE VISITED (link below to FCG): I HAVE RECEIVED a MEDICAL THREAT BRIEF and have reviewed Food Health and Water Safety Information: | | | KEEP, OR FEED ANY ANIMALS IN AFRICOM AOR; I AM DIRECTED TO TAKE PRECAUTIONS TO AVOID BEING BITTEN BY ANY INSECTS. | | | | |
| FOREIGN CLEARANCE GUIDE LINKs: http | os://ww | w.FCG.p | entagon | .mil | http://www.FCG.pentag | on.smi | l.mil |
| PART III: MEDICAL APPOINTMENT – TO BE COM | IPLETED | BY MEDI | CAL PRO | VIDER | | | |
| DATE: | | | | | | | |
| CLINIC/FACILITY: | Allingam On, ac mga | | 100000000000000000000000000000000000000 | | | *************************************** | |
| | | | YES | NO | COMMENTS/REM | ARKS | |
| PSYCHOLOGICALLY FIT TO TRAVEL | | | | | | | |
| SUFFICIENT QUANTITY OF CURRENT MEDICATION | NS FOR T | RAVEL | | | | | |
| ANT-MALARIAL MEDICATIONS PRESCRIBED | | | - | | | | |
| RECOMMENDED MEDICATIONS PROVIDED FOR (TRAVELLER ILLNESSES | LOMMOI | N | | | | | |
| PATIENT SPECIFIC NEEDS ADDRESSED | | | | | | | |
| LABORATORY DATA (HIV,G6PD,TB,DNA) CURREN | т | | | | | | |
| VACCINATIONS CURRENT | | | | | | | |
| THOUSE CONTENT | YELLO | OW FEVER | | | EXEMPT? | | |
| | | PATITIS A | | | EXEMPT? | | |
| | TETANUS-D | | | | EXEMPT? | | |
| MMR POLIO | | | | | EXEMPT? EXEMPT? | | |
| INLUENZA | | | | | EXEMPT? | | |
| LOCATION/MISSION SPECIFIC VACCINATIONS | | | | | N/A | | |
| BRIEFED ON HEALTH THREATS (VECTORBORNE, F | OODBO | RNE, | | | | | |
| STD, ENVIRONMENTAL,OTHER) | | | | | | | |
| MEDICAL PROVIDER | | | | | | | |
| (PRINT NAME, GRADE) (SIGN AND DATE) | | | | | IGN AND DATE) | - VI. 12 V C. 12 C | ASSESS CONTRACTOR |
| PART IV: CERTIFICATION | Not design with | | | | | | |
| TRAVELER: I HAVE MET ALL MEDICAL REQUIREN EXEMPTED BY A MEDICAL PROVIDER. | MENTS FO | OR TRAVE | L TO MY | SPECIFI | C DESTIONATION(S) EXCEPT | AS | |
| (PRINT NAME, GRADE) | | | | (S | IGN AND DATE) | | |

Symptoms of malaria include headache, nausea, fever, vomiting and flu-like symptoms. Severe malaria can progress rapidly and cause death within hours or days. If you develop these symptoms or any unusual illness within 12 months after your travel, see your health care provider and let them know you have traveled to Africa. Additional Reference site: Center for Disease Control: http://wwwnc.cdc.gov/travel/

AFRICOM LINK: http://www.africom.mil/TheaterClearanceCoordCenter/tcccMain.asp

ARAF-XXX (DATE)

MEMORANDUM FOR RECORD

SUBJECT: Acknowledgement of Aeromedical Evacuation Options for DA Civilians

 I insert name have read the USARAF Chief of Staff's Memorandum for Record (MFR) on Aeromedical Evacuation Options for U.S. Army Africa Personnel.

- 2. I understand that as a DoD Civilian Employee that I am not covered by any form of guaranteed medical evacuation plan in the event of a medical emergency while on official travel to the continent of Africa. I may however be reimbursed up to \$150 for one of the short term coverage options described in the MFR.
- 3. If I have questions about my medical insurance coverage and reimbursement for medical care, I will contact the Civilian Personnel Division at 634-5289.
- 3. Point of contact for this action is undersigned at DSN 634-XXXX.

NAME Grade Positions ARAF-XXX (DATE)

MEMORANDUM FOR RECORD

SUBJECT: Acknowledgement of Aeromedical Evacuation Options for Contractors

 I insert name have read the USARAF Chief of Staff's Memorandum for Record (MFR) on Aeromedical Evacuation Options for U.S. Army Africa Personnel.

- 2. I understand that as a Contractor I am not covered by any form of guaranteed medical evacuation plan in the event of a medical emergency while on official travel to the continent of Africa. I may however coordinate through my employer for such coverage.
- 3. Point of contact for this action is undersigned at DSN 634-XXXX.

NAME Grade Position

<u>USPACOM's</u> <u>TRAVEL TRACKER</u> INDIVDUAL ANTITERRORISM PLAN

REQUIRED FOR ALL OCONUS TRAVERLERS TRAVELING IN THE USPACOM AOR. APPROVALS MUST BE RECEIVED IN DCSOPS PRIOR TO REQUESTING TRAVEL CLEARANCES.

- 1. Effective 1 Jul 11, all travelers to USPACOM must complete USPACOM's Traveler Tracker/Individual Antiterrorism Plan (TT/IATP).
- 2. Go to https://public.seat.nmci.navy.mil/iatp/default.aspx. and register to complete the TT/IATP.
- Once registered, a verification email will be received. Once received, complete the TT/IATP. Please follow the instructions provided in the far right column of the form.
- 4. The first block (Command) type in USAMRMC.
- Command 24 hour phone contact: 301-619-0344.
- 6. First Flag or SES Select Dr. John Glenn.
- 7. List this office (https://mrmc.amedd.army.mil/index.cfm?pageid=mrmc_resources.oconus) as the ADDITIONAL Chain of Command POC (page 8). This office will then receive confirmation of registration and eventual approval, which is required before travel clearances can be requested.
- 8. Dates of completion of required AT/FP training (i.e. AT Level I, SERE, PRO-File) are required to complete the TT/IATP. AT Level I is valid for one year for all travelers and SERE 100.1A is valid for one year for all travelers. If the preceding training dates have expired, training will need to be updated prior to completing the TT/IATP. If the PRO-File date IS NOT within the past year, contact this office to receive a validation date, which this office will complete.

AREA OF RESPONSIBILITY BRIEFING (AOR)

MUST BE COMPLETED

WITHIN

THREE MONTHS

OF

TRAVEL DEPARTURE

DATE.

TRAINING

LINKS AND INSTRUCTIONS
FOR COMPLETING
PROFILE
AT LEVEL
SERE 100.1 LEVELA
SOUTHCOM HUMAN RIGHTS
AND
US FORCES KOREA TRAINING

AT LEVEL I, HUMAN RIGHTS TRAINING, AND US FORCES KOREA TRAINING ARE VALID FOR ONE YEAR. SERE LEVEL 100.1 LEVEL A IS VALID FOR ONE YEAR. ALL TRAINING MUST BE VALID THROUGH THE ENTIRE PERIOD OF TRAVEL.

ANTITERRORISM LEVEL I TRAINING

REQUIRED FOR ALL OCONUS TRAVELERS.

MUST BE UPDATED YEARLY AND CERTIFICATION MUST BE GOOD
THROUGH THE ENTIRE PERIOD OF TRAVEL.

Go to Antiterrorism Training web site:

- A. For those that have a CAC, AT Level I can be accessed via https://jkodirect.jten.mil
- B. For those personnel that do not have a CAC, AT Level I training access can be gained by following the instructions below:
 - 1. Access Joint Knowledge Online (JKO) (you can do this through Google)
 - 2. Click "No DoD CAC"
 - Click "I am a U.S. mil, government civil servant, or contract employee"
 - 4. Click "I've been directed to take required training on JKO"
 - 5. Choose "Courses"
 - 6. Click "I do not have a .MIL, .GOV, or .NDU/.EDU address or I am a Multi-

National Student"

- 7. Fill out the contact sheet and email to sponsor
- 8. Sponsor will email the contact sheet to the JKO help desk.

Approval/Access Process:

- Help desk sends non-CAC user an email with User ID
- 2. Help desk will send a separate email with an electronic token to register a new password (token is good for 24 hours).
 - 3. New user follows the instructions in the email and enters a new password.
- 4. User will need to enroll in Course # JS-US007-14 (User has up to 1 year to complete the course)

SERE 100.1 Level A TRAINING

REQUIRED FOR ALL OCONUS TRAVERLERS AND MUST BE UPDATED SEMI-ANNUALLY. CERTIFICATION MUST BE GOOD THROUGH ENTIRE PERIOD OF TRAVEL.

Go to: http://jko.jfcom.mil

Select Enter JKO or new user, (new user follow prompts to establish an account).

Select Course Catalog.

Type SERE 100 in the Title Key Word Box

Military Select SERE 100.01 Level A course (J3TA-US022)

Civilians/Contractors/USPHS Personnel Select SERE 100.01 (J3TA-US1282)

Complete training Print certificate.



United States Joint Forces Command

has successfully completed

SERE 100 Code of Conduct Training Course

Joint Certified IAW CJCSM 3500.03A

04/14/2008

Mr. Joe Canacho leint Knewledge Development and Distillution Capability Program Managar

PRO-FILE

MANDATORY FOR ALL OCONUS TDY AND LEAVE TRAVEL MUST BE VALIDATED YEARLY

THE MRMC OCONUS TRAVEL AND FORCE PROCTECTION OFFICE ARE THE PRMS MANAGERS FOR THE COMMAND AND ARE VALIDATING ALL OCONUS TRAVEL.

- Go to the Pre-OCONUS website:
- https://prmsglobal.prms.af.mil/prmsconv/profile/survey/start.aspx
- · Follow Directions.

CERTIFICATE OF COMPLETION

This certifies that

successfully completed

The Pre-OCONUS travel File (PRO-File)

on

2007-10-10 13:11:22

UIC: WO3JAA

Certificate # {A7E956CE-B7AE-4E75-B54D-21AF3A7EFE87}

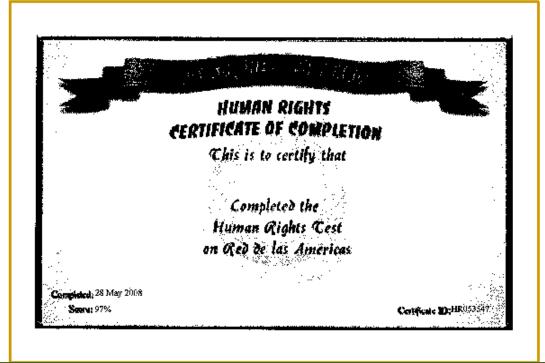
HUMAN RIGHTS

REQUIRED FOR ALL USSOUTHCOM TDY TRAVELERS.

MUST BE UPDATED YEARLY AND CERTIFICATION MUST BE GOOD THROUGH THE ENTIRE PERIOD OF TRAVEL.

Go to the Human Rights Training web site at http://jko.jfcom.mil

- Select "TAKE COURSES".
- Select "ENROLLMENT AND BROWSE COURSES".
- 3. Select "UNDER JOINT COURSES TAB, SELECT JS3".
- 4. Scroll down and locate J3SN-US649-HB. **DO NOT** click on the course title (Human Rights Awareness). Check the box and then click enroll.
- 5. Follow directions for training, test and printing of certificate.



UNITED STATES FORCES KOREA (USFK) TRAINING

All military, civilian and contractor personnel PCSing or TDY to the Korean AOR must complete the Korea-specific training. This training covers topics such as command policies, the sexual assault prevention and response program, force protection, and various Korea-specific items.

MUST BE UPDATED YEARLY AND CERTIFICATION MUST BE GOOD THROUGH ENTIRE PERIOD OF TRAVEL.

Go to the USFK web site (http://www.usfk.mil)

- ◆□ Click on "REQUIRED TRAINING".
- ◆□ After watching the video, proceed to the yellow box on the right and Click on "CLICK HERE" to access JKO instructions.
- ◆□ Follow JKO directions.
- ◆□ Once completed, submit a certificate of training with USAMRMC Form 55.





BUDDY RULE

A buddy may be a DoD employee, family member, or a well known and trusted civilian acquaintance. Ideally, travelers will choose other DoD personnel as their buddies.

The Buddy may be a person already in country. A buddy must be available to accompany travel during all travel outside a secure location (e.g. hotel, embassy, camp,

etc.).

Link for OCONUS Travel:

US Army Medical Research and Materiel Command

https://mrmc.amedd.army.mil/index.cfm?pageid=home

Internal Resources

- OCONUS Travel Information
- USAMRMC Strategy Map (PDF 146 KB)
- VA/DoD Collaboration Guidebook for Healthcare Research (PDF 2.1 MB)
- Business Opportunities
- Outlook Web Mail